



TOWN OF ANDOVER
MASSACHUSETTS

Board of Health

(978-623-8640)
36 Bartlet Street
Andover, MA 01810

Town Offices
36 Bartlet Street
Andover, MA 01810
www.andoverma.gov

For Office Use Only

Date: _____

Authorization: _____

Permit Number: _____

Fee: **\$50.00**

APPLICATION FOR LICENSE

Date: _____ Type of License Requested: **DUMPSTER (Up to 2 Months)**

Applicant: **(Person/Company pulling Permit):** _____

Applicant Address: _____

Applicant Phone: _____ Business Phone: _____

Applicant E-mail Address: _____

Name of Homeowner: _____

STREET ADDRESS DUMPSTER IS ON: _____

Amount of Time Dumpster is Needed For: _____
(Not to exceed 2 Months)

Signature of Applicant: _____