



**Board of Health**  
**Town of Southwick**  
454 College Highway, Southwick, MA 01077  
Phone (413) 569-1212  
Fax (413) 569-5284

Dear Licensee:

The permit required for your business is indicated below. **YOU MUST COMPLETE, SIGN, AND PRESENT OR MAIL THIS FORM WITH YOUR REMITTANCE IN ORDER TO RECEIVE YOUR PERMIT.** The Board of Health office is located at 454 College Highway, and office hours are Monday through Friday, 8:30 AM to 4:30 PM.

Thank you,  
Southwick Board of Health

**HAULER PERMIT.....\$100.00**

Name of Business: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address if different from business address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*ALL ANNUAL PERMITS EXPIRE DECEMBER 31**

**\*\*PAYMENT IS DUE WITH THE APPLICATION**

Signature of Owner/Applicant and Title: \_\_\_\_\_

Date: \_\_\_\_\_

BOH Office Use Only  
Permit # \_\_\_\_\_ Fee \_\_\_\_\_ Date Received \_\_\_\_\_ Check # \_\_\_\_\_ TCC \_\_\_\_\_