



HEALTH DEPARTMENT

BOARD OF HEALTH

127 ELM STREET
MILLBURY, MASSACHUSETTS 01527
TELEPHONE (508) 865-4721
Facsimile (508) 865-0878



CLOTHING DONATION RECEPTACLE APPLICATION

One application for each receptacle is required-not to exceed (3) per location
(ANNUAL PERMITS ARE VALID FROM JULY 1st THROUGH JUNE 30th)

DATE: _____ PERMIT #: _____

Applicant Name: _____

Applicant Business Name: _____

Address: _____

Telephone #: _____ Email: _____

Emergency 24 Hour Telephone #: _____

(Must Provide)

LOCATION OF RECEPTACLE: _____

Collection Schedule: _____

Charity/Organization to Benefit from Donation: _____

Property Owner Name: _____

Property Owner Address: _____

Property Owner Telephone #: _____ Email: _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

1. A letter from the property owner granting permission to the applicant.
2. A diagram/sketch of the exact location of the receptacle(s) on the property.
3. A description of the receptacle(s)-color/size/height. (not to exceed 3 cubic yards or 6' high)

Applicants Signature _____ Date: _____
(I agree to the terms and conditions of the Town of Millbury Clothing Donation Receptacle By-Law)

Property Owners Signature _____ Date: _____
(I agree to the terms and conditions of the Town of Millbury Clothing Donation Receptacle By-Law)

ANNUAL FEE: \$100.00 Each Receptacle

Checks Made Payable To: Town of Millbury

APPROVED BY BOH AGENT: _____ DATE: _____