

**FISCAL YEAR 2017**

Map \_\_\_\_\_ Parcel \_\_\_\_\_

**ALTERNATIVE SOLID WASTE DISPOSAL FORM**

**Annual Approval**

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Address of Owner (If Different): \_\_\_\_\_

1. Alternative Method of Collection and Disposal (check one and complete page 2)

\_\_\_\_\_ Commercial Hauler (Complete Part A on page 2)

\_\_\_\_\_ Disposed of at Self-Owned Business (Complete Part B on page 2)

2. No Service Required effective this date: \_\_\_\_\_

\_\_\_\_\_ Dwelling is Vacant and Uninhabitable

\_\_\_\_\_ Verification by Building Inspector

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

This form must be completed and signed by the Property Owner as well as the Alternate Hauler. A copy of your most recent paid invoice from the Alternate Hauler must be included with the submittal.

This form must be filed with the North Reading Department of Public Works in order to cancel municipal solid waste collection and billing. The form must be submitted each Fiscal Year in order to have solid waste charges abated for that year.

Notes: The recycling bin must be returned to the Department of Public Works as a condition of this agreement.

The Alternative Hauler approval extends for the current fiscal year only. A new form must be filed each fiscal year to avoid billing.

In the case of an uninhabitable dwelling, the approval shall expire upon the issuance of a Certificate of Occupancy by the Building inspector.

Ongoing field inspections will be made of properties approved for Alternative Hauler status. Any residence found to be using Town services will have said Alternative Hauler status revoked and will be billed for Town services henceforth.

TO BE COMPLETED BY ALTERNATIVE HAULER

**Part A Commercial Hauler**

Name of Hauler: \_\_\_\_\_

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

Final Disposal Location: \_\_\_\_\_

Signature of Hauler: \_\_\_\_\_

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

**Part B Self-Owned Business**

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

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

Final Disposal Location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Comments:

For Town Use Only:

Approved as a Certified Hauler to the Town of North Reading \_\_\_\_\_  
Board of Health

Approved as an Alternative Solid Waste Hauler \_\_\_\_\_