



TOWN OF ROCKLAND

Board of Health

Town Hall
242 Union Street
Rockland, Massachusetts 02370

APPLICATION FOR SEPTIC INSTALLER

Please provide the following documents:

- Completed application (Please print clearly)
- Certificate of Insurance
 - General Liability
 - Auto Coverage (if applicable)

Insurance rider must be addressed to:

The Town of Rockland BOH 242 Union St Rockland, MA. 02370

- List of residents or businesses serviced
- List of Vehicles & Registration (if applicable)
- Check made payable to the *Town of Rockland* in the appropriate amount

It is important the applicant provides the above required documents, completes **all** sections of application and signs, incomplete applications will be returned.

Thank you for your prompt attention to this matter. If you have any questions, please contact me at (781) 616-6815

Sincerely,

Delshaune R. Flipp
Administrative Assistant



TOWN OF ROCKLAND

Board of Health

Town Hall
242 Union Street
Rockland, Massachusetts 02370

SEPTIC INSTALLER APPLICATION

Date: _____ NEW: _____ RENEWAL: _____

FID # _____

Name: «COMPANY» Tele: _____

Address: _____

Business Address: _____

Mailing Address: _____

Email Address: _____

Vehicle Type: _____ License Plate: _____ State _____

Disposal Site: _____

List of Customers with Address & Telephone

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

\$ 125.00 PER PERMIT

Applicant's Signature _____