

# JUNK COLLECTOR AND DEALER APPLICATION



## TOWN OF HALIFAX

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

TYPE OF ITEMS TO BE COLLECTED \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

**RETURN TO THE SELECTMEN'S OFFICE  
499 PLYMOUTH STREET, HALIFAX, MA 02338  
OR FAX 781-294-7684**