



TOWN OF WESTON

Board of Health
11 Town House Road
P.O. Box 378
Weston, MA 02493

Tel: 781-786-5030
Fax: 781-786-5039

Fee: **\$ 55.00**

Check # _____ Cash ()

Permit # **POP-**_____

PERMIT APPLICATION FOR A TEMPORARY PORTABLE TOILET

New Application _____ Renewal Application _____

Location of unit _____

Dates of use _____

Applicant

Rental Company

Name _____

Name _____

Address _____

Permit # **PUM-**_____ - _____

Phone _____ Email _____

Phone _____ Email _____

Applicant's Signature

Board of Health: Approved _____ Denied _____ Initial _____