

**Town of Marshfield
Board of Health
870 Moraine Street
Marshfield, MA 02050
781-834-5558
fax 781-837-6047**

INSTALLER'S LICENSE APPLICATION

PLEASE PRINT

Fee: \$150.00

Name: _____

Home Address: _____

Home Phone: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Cell Phone/ Beeper: _____

REFERENCES: (NOT NECESSARY ON RENEWALS)

Town(s) _____

Private (Name, Address and Phone)

Please read and sign this statement:

"I have read and am familiar with the Town of Marshfield Rules and Regulations for the disposal of sanitary sewage, as well as the Title V State regulations for sewage disposal."

Signature _____

Date _____

