



TOWN OF NORTH READING
Massachusetts

Department of Public Works

FISCAL YEAR 2024

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 _____