



Town of North Attleboro  
Board of Health  
43 South Washington Street  
North Attleboro, MA 02760

Date rec. \_\_\_\_\_  
Amount paid \$ \_\_\_\_\_  
Check # \_\_\_\_\_  
Permit # \_\_\_\_\_  
Permit issued: \_\_\_\_\_  
Date of inspection \_\_\_\_\_  
All documents received \_\_\_\_\_

**For office use only**

New  Renewal  permit application for:

**TEMPORARY TRAILER**

Permit valid for 6 months until: \_\_\_\_\_  
Date

**Fee: \$ 100.00**

Name of Homeowner:	
Address:	
City, State, Zip:	
Mailing Address (if different):	
Telephone #:	SSN #:
E-Mail Address:	
Location of Trailer:	
Company Providing Trailer:	
Company Address:	
City, State, Zip:	
Company Phone #:	Federal TIN #:

The undersigned hereby applies for a permit in the Town of North Attleboro in accordance with the provisions of the General Laws relating thereto and in accordance with the rules and regulations made under authority of those statutes.

- All temporary trailer permits are issued for 6 months and cannot be pro-rated.
- **All new applicants are required to appear before the Board of Health when the Board considers your application for the first time.**
- Make check payable to the Town of North Attleboro and return your application with check to Board of Health.
- This permit will not be issued unless the information requested is complete and the applicant signs the certification statement below.
- Your Social Security Number (SSN) and the trailer company's Tax Identification Number (TIN) are requested under the authority of MGL c.62C §49A and will be furnished to the MA Dept. of Revenue to determine whether applicable tax filing or tax payment obligations have been met. Uncorrected federal, state, or local tax delinquency or non-filing obligations may incur the suspension, revocation or non-renewal of this permit.

I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all required federal and state tax returns and paid all applicable federal, state and Town of North Attleboro taxes required under law.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name and title