

Julie Jacobson
Town Manager



MAP ____ PARCEL ____

Board of Health
104 Central Street
Auburn MA 01501

Dear Board of Health:

I respectfully request to participate in the Town of Auburn's Solid Waste Program.

Sincerely,

Signature _____ Date _____

Name _____

Address _____

Phone Number _____

Trash Barrel Options – Please select and check **ONE** Do you need bins? _____

SINGLE FAMILY

Large: Recycling Bin – 96 gallons AND Trash Bin – 64 gallons - \$108.00 6 MONTHS _____

Small: Recycling Bin – 96 gallons AND Trash Bin – 35 gallons - \$88.00 6 MONTHS _____

Small: Recycling Bin – 35 gallons AND Trash Bin – 35 gallons - \$88.00 6 MONTHS _____

2 FAMILY

2 Recycling Bins– 96 gallons AND 2 Trash Bins – 64 gallons - \$148.00 6 MONTHS _____

Trash is purchased in 6 month increments, January-June and July-December, and billed twice yearly in January and July.

I have one of the options above and DO NOT wish to change _____

Please return form to: Auburn Board of Assessors
104 Central Street
Auburn MA 01501