



*Board of Selectmen*  
*West Boylston, Massachusetts 01583*

John W. Hadley, Chairman  
Kevin M. McCormick, Vice-Chairman  
Siobhan M. Bohnson, Clerk  
Christopher A. Rucho, Selectman  
Patrick J. Crowley, Selectman

## DONATION RECEPTACLE PERMISSION FORM

If the applicant for the donation receptacle(s) is not the owner, then written permission from the property owner to place the receptacle on the property is required and shall accompany the application.

Date: \_\_\_\_\_

Name of property owner: \_\_\_\_\_

Address of property owner: \_\_\_\_\_

Owners(s) telephone: \_\_\_\_\_

Location of placement: \_\_\_\_\_

Number of receptacles: \_\_\_\_\_

I (we) allow the following Company-\_\_\_\_\_ to place a donation receptacle at the above address. Each registrant and property owner shall be jointly and severally liable for any violation of the provisions of this Ordinance.

Owner(s) Signature: \_\_\_\_\_

\_\_\_\_\_



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20\_\_\_\_\_

**Application- Donation Receptacle**  
**Fee- \$30.00 per Receptacle (Limit 3 per Parcel)**

**Permit Number** \_\_\_\_\_

**Application for Permit to Place/Install Donation Receptacles within the Town of West Boylston**

(Please Print or Type- illegible or incomplete applications will be rejected)

**Name of Applicant/Registrant:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Applicant/Registrant Phone Number:** \_\_\_\_\_

**Name of Property Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Property Owner Phone Number:** \_\_\_\_\_

**Placement of Receptacle(s):** \_\_\_\_\_

**ALL BINS ARE TO BE SET BACK A MINIMUM OF  
10-FEET FROM STREET & LOT LINES**

**Charity/Organization to Benefit from Donated Items:** \_\_\_\_\_

**Description of Donation Receptacle(s):** \_\_\_\_\_

**Quantity (circle) :** 1 2 3 **Height:** \_\_\_\_\_ **Width:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Steel:** Yes No or Other - Please Describe: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant/Registrant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Property Owner (if different from applicant)**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY**

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Rejected:** \_\_\_\_\_ **Date:** \_\_\_\_\_