



# TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER  
30 PROVIDENCE ROAD  
GRAFTON, MA 01519

(508) 839-5335 x 119 \* Fax: (508) 839-8559

E-mail: [healthdept@graffton-ma.gov](mailto:healthdept@graffton-ma.gov)

**HEALTH AGENT**  
Lois Luniewicz, REHS/RS, CHO  
(508) 839-5335 X 128

**PUBLIC HEALTH NURSE**  
Patricia Pighetti-Parent  
(508) 839-5335 X 129

## BOARD OF HEALTH

Deborah A. Chouinard RN, MSN  
Philip E. Dumas  
Karen Gwozdowski Gauvin  
Richard J. Kirejczyk  
Ernest W. Peters

## APPLICATION TO INSTALL PORTABLE TOILET

Location of Toilet(s): \_\_\_\_\_ No. of Toilets: \_\_\_\_\_

Owner's Name & Address: \_\_\_\_\_

Reason for Temporary Use: \_\_\_\_\_ Dates of Use: Begin: \_\_\_\_\_ End: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Portable Toilet Company Name: \_\_\_\_\_

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

Street # & Street Name

City/Town

State

Zip Code

Telephone No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Final Disposal of Sewage: \_\_\_\_\_

When Pumped (frequency): \_\_\_\_\_

Please complete applications in its **entirety**. Failure to supply **all** information will result in a delay of issuance of your license.

The undersigned agrees to install and maintain temporary portable toilet(s) at a location approved by the Grafton Board of Health in accordance with Title 5 of the State Sanitary Code.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PLEASE PRINT

\_\_\_\_\_  
DATE

**FEE:** \$10.00 / Per Toilet / Per Calendar Quarter

REVISED 11/11