



Portable Toilet Installation Permit Application

Acton Board of Health
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**Form
M-2**

FEE: \$15.00 per Unit

Portable Toilet Installation Address: _____

Property Owner Name: _____

Property Owner Name Address: _____

Property Owner Phone Number: _____

Service Company Name: _____

Service Company Address: _____

Service Company Email address: _____

Service Company Phone Number: _____

Number of Toilets to be installed: _____

Dates of Installation: Begin _____ to _____

Signature of Owner or Agent: _____

Date: _____