



City of Lowell

Division of Development Services
375 Merrimack Street, Room 55
Lowell, MA 01852
P: 978.674.4144 F: 978.446.7103

Night Soils/Septic Hauler

Fee: \$200.00 per Truck

Applicant

Owner Name: _____

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone No: (____) _____ **Email:** _____

Office Use Only

Check #

Fee\$

Permit #

Night Soil Service

Number of Trucks: _____

Truck Details:

License Plate	Type of Truck	Gallon Capacity

Site of Disposal: _____

In accordance with the City of Lowell's Code of Ordinances and Board of Health Regulations, I certify and acknowledge that the:

- Information provided above is accurate;
- City will issue fines for failure to comply with the City's Code of Ordinances and Regulations.

Signature

Date