



TOWN OF WESTPORT
WESTPORT, MASSACHUSETTS 02790

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OFFICE OF BOARD OF HEALTH
856 MAIN ROAD

APPLICATION FOR PORTABLE TOILET

5 Days or less _____ More than 5 days _____
\$10/day \$100

Name of Applicant/Property Owner: _____

Mailing Address: _____

Telephone No. _____

Business Name (if applicable): _____

Business Address: _____

Tel. No.: _____ Email: _____

Purpose of the portable toilet: _____

Address of where the portable toilet(s) will be used: _____

***If used on a construction site, the contractor or owner must provide a maintenance contract. At no time may a portable toilet be left unattended for more than 5 business days.*

Number of Portable Toilets(s): _____

Date(s) of Event (short term use): _____

Dates for Construction / Seasonal Use: _____

Name of the portable toilet company: _____

Address: _____

Telephone No: _____ Fax No: _____

Contact Name: _____

☐ I have received a copy of the Portable Toilet Regulation

☐ Copy of maintenance contract (if applicable)**

Signature

Date