



City of Westfield, Massachusetts

Health Department

59 Court St, Westfield, MA 01085

Phone: (413) 572-6210 Fax: (413) 572-6279



Public Health
Prevent. Promote. Protect.

Westfield Health Department

Unattended Donation Box Permit Application.

Fee: \$50.00 per Applicant which covers up to ten (10) unattended drop boxes in the City.

Permit periods run from January 1st through December 31st.

Name of Applicant: _____

Applicant Address: _____

Applicant Telephone: _____

Email Address: _____

Requested Number of Drop Boxes (see page 3): _____

Agent responsible for Maintenance (if different from applicant): _____

Agent's Address: _____

Agent's Telephone: _____

Email Address: _____

Agent's title (owner, operator, manager) _____

Use as many copies of the attached Detail Page as necessary for individual information and a detailed sketch for each unattended donation box. If the property owner is different from the applicant include written and notarized consent of property owner.

Other Conditions:

1. The unattended drop box may not be located on any unpaved areas or within landscaped areas and cannot be located outside of setbacks. The unattended drop boxes may NOT be located on public property including sidewalks, parking lots or parks.
2. The unattended drop boxes must be the type that are enclosed by use of a receiving door and locked so that they are not accessible to anyone other than those responsible for the retrieval of the contents and the maintenance of the boxes.
3. Unattended drop boxes must be collected weekly and a schedule of collection posted on each box. Any damaged box must be repaired within five business days' notice. Any graffiti on the box or items left outside the box must be cleaned within 48 hours' notice.

4. Unattended drop boxes must be placed in a well-lit and visible area but may NOT be placed on any parking spaces that are required per the Westfield Zoning Ordinances or any other applicable ordinances, regulations or statutes.
5. Unattended drop boxes shall not be placed within the 100 year floodplain zone unless the name of a local agent is given and an agreement signed that in the event of a potential flood event that the box be removed within 24 hours.

ACKNOWLEDGEMENT AND INDEMNIFICATION

I hereby state that all information provided on this application is true and accurate and I understand that any information found to be false or misleading will result in the forfeiture of the license and may result in civil or criminal penalties. I also understand that the application fee required by the City is not refundable for any reason. I also certify that to the best knowledge and belief, that I have filed all state tax returns and paid all state and local taxes as required under law.

I hereby indemnify and hold harmless the City of Westfield and its officers, agents and employees from and against all suits, actions or claims, civil or criminal, of any character brought because of any injury or damage received or sustained by any person, persons or property arising out of, or resulting from the existence of any obstruction, or arising out of, or resulting from any asserted negligent or intentional act, error or omission of the Licensee or its agents, servants or employees, occurring in the performance of this Agreement. This indemnification hereby required shall not be limited by reason of the specifications of any particular insurance coverage under this Agreement.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

APPROVED: _____

APPROVED BY: _____

DATE: _____

ADDITIONAL
REQUIRMENTS: _____

Unattended Donation Box License Application—Detail Page

Box Number _____

Box Location _____

Is Box within 100 year Floodplain? _____

Weekly Collection Day _____

Property Owner Information

Attach written and notarized consent of property owner

Name _____

Address _____

Email _____

Phone _____

Box Number _____

Box Location _____

Is Box within 100 year Floodplain? _____

Weekly Collection Day _____

Property Owner Information

Attach written and notarized consent of property owner

Name _____

Address _____

Email _____

Phone _____