



TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

Licensing Department

PH: 508-349-7004, Ext. 10 & 24 Fax: 508-349-5505

Email: ntudor@truro-ma.gov & nscoullar@truro-ma.gov

APPLICATION TO NAME A MANAGER

Complete the following Application for a Change of Manager/Co-Manager or to Name a Property Management Company as Manager with the Board of Health

Section 1 – Business Information

Print Name of Applicant Business Name or DBA to be managed Number of Units

Street Address of Business Mailing Address of Business (Check if New Address)

Section 2 – Manager Information

On Site Manager Unit # _____

Property Management (10 or less units)

Name of Current Manager

New Manager(s)/ Management Company

Mailing & Street Address of New Manager(s) or Property Management Company

Phone Number (24 Hours a Day)

E-Mail Address

I have read & understand the Board of Health Manager Regulation

Check Box

(Section 3, Article 4)

Signature of New Manager or Contact Person for Property Management (required)

Date