



TOWN OF TRURO

Board of Health

P.O. Box 2030, Truro, MA 02666

Tel: (508) 349-7004 x-32 Fax: (508) 349-5508

REQUEST TO APPEAR BEFORE THE BOARD OF HEALTH

Date Submitted: _____

Applicant's Name: _____

Mailing Address: _____

Phone Number: _____ email address: _____

Reason for Request to Appear before the Board of Health:

Request to review a Septic System Inspection Report

Appeal of Health Agent's Decision

Plan Review and Approval* (building, septic etc.)

Other: _____

Presentation: Topic to be discussed: _____

Description of Request:

*if your project involves floor plans, please include existing and proposed floor plans

Signature of Applicant

Date

OFFICE USE ONLY

Scheduled Board of Health Meeting Date: _____ Time: _____

Signature/Title

Date

Please return this application to:
Truro Health Agent, 24 Town Hall Road, P.O. Box 2030, Truro, MA 02666