



# TOWN OF TRURO

Health Department

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## APPLICATION TO NAME A MANAGER

This application is used for a Change of Manager, Add Co-Managers or to Name a

### Section 1 – Business Information

Date: \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_

Business Name or DBA to be managed: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Street Address of Business: \_\_\_\_\_ Business Email: \_\_\_\_\_

Mailing Address of Business: (  Check if New Address) \_\_\_\_\_

### Section 2 – Manager Information

Name of Previous Manager: \_\_\_\_\_ On-Site Manager Unit #: \_\_\_\_\_

Name of New Onsite Manager: \_\_\_\_\_ On-Site Manager Unit #: \_\_\_\_\_

Name of Property Management (10 Units or less): \_\_\_\_\_

Mailing Address of New Manager and/or Property Management Company: \_\_\_\_\_

\_\_\_\_\_ Phone (24 hours/day): \_\_\_\_\_ Email: \_\_\_\_\_

Name of Co-Managers:

\_\_\_\_\_ Unit # \_\_\_\_\_ Phone (24hrs/day): \_\_\_\_\_

\_\_\_\_\_ Unit # \_\_\_\_\_ Phone (24hrs/day): \_\_\_\_\_

\_\_\_\_\_ Unit # \_\_\_\_\_ Phone (24hrs/day): \_\_\_\_\_

I have read & understand the Board of Health Manager Regulation, Section III, Article 4. Signature of New Manager, Co-Managers or Contact Person for Property Management is required.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

### Section 3 - \*\*Office Use Only\*\*

	Scheduled	Date	Fee	Paid
Team Inspection <i>(If over 3yrs since last one)</i>	<input type="checkbox"/>	_____	\$45.00	<input type="checkbox"/>
Board of Health Hearing	<input type="checkbox"/>	_____	\$75.00	<input type="checkbox"/>