



TOWN OF TRURO

Board of Health

P.O. Box 2030, Truro, MA 02666

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