



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 (If over 3yrs since last one)	<input type="checkbox"/>	_____	\$45.00	<input type="checkbox"/>
Board of Health Hearing	<input type="checkbox"/>	_____	\$75.00	<input type="checkbox"/>