



TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

Tel: 508-214-0202 Fax: 508-349-5508

REQUEST TO APPEAR BEFORE THE BOARD OF HEALTH

Date: _____

Property Owner's Name: _____ Phone: _____

Mailing Address: _____

Address of Property: _____ Email: _____

Map and Parcel Number: Map # _____ Parcel # _____

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: _____

Explanation:

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

Signature

Date

OFFICE USE ONLY

Scheduled Board of Health Meeting Date: _____ Time: _____

Signature/Title

Date