



BOARD OF HEALTH
100 MAPLE AVENUE
SHREWSBURY, MASSACHUSETTS 01545-5398

Telephone: 508-841-8512
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LANDOWNER CONSENT FORM

Consent Form

I give permission for **Town of Shrewsbury** to access my property for the purpose of alleviating a threat to public health and safety posed by beaver or muskrat, as determined by the Board of Health.

Signature of Property Owner

Date

Address

Daytime Telephone #

Evening Telephone #

Email Address

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