TOWN OF TEWKSBURY

HEALTH DEPARTMENT
TOWN HALL
1009 MAIN STREET
TEWKSBURY, MASSACHUSETTS 01876
(978) 640-4470
Fax: (978) 640-4472
health@tewksbury-ma.gov

PERMIT APPLICATION FOR THE KEEPING OF ANIMALS

Permit Number: _____ **Fee: General Animals $ 45.00**

The undersigned hereby applies for a permit in accordance with the provisions of the Statues relating thereto:

Name of Individual Applicant: _____

Company Name: _____

Address of Applicant: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Web address: _____

Emergency Contact Information:
Name: _____

Address: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

The above named applicant was granted a permit to keep animals by the Tewksbury Board of Health at a public hearing(s) on _____.

Restrictions (if applicable):

List the ***type and number of animals*** that you have at the location where the permit to keep animals was granted (list by category and number i.e. chickens 10):

_____

_____

_____

Signature: _____ Date Signed: _____

OFFICE USE ONLY: _____

DATE RECEIVED: _____ CHECK NO: _____ AMOUNT RECEIVED: _____