



**TOWN OF MEDWAY**  
**COMMONWEALTH OF MASSACHUSETTS**

*Medway Town Hall  
155 Village Street  
Medway, MA 02053  
Phone (508) 533-3264  
Fax (508) 321-4988*

**BOARD OF HEALTH**

Date: \_\_\_\_\_

Dear Medway Neighbor:

This letter is being sent to you as the *Regulation of the Medway Board of Health Minimum Standards for the Keeping of Animals* requires me to notify all abutters within three hundred (300) feet of the area where I intend to keep animals or if a variance from the above regulation is requested.

My name is \_\_\_\_\_, I reside at \_\_\_\_\_ Medway, MA.  
Applicant Name street address

☐ I intend to keep:

_____	_____
<small>amount</small>	<small>animal type</small>
_____	_____
<small>amount</small>	<small>animal type</small>

☐ I requested a variance to: \_\_\_\_\_  
explain variance request

If you **DO NOT** have concerns, no action is needed.

If you **DO** have concerns, you may submit your comments to the Medway Board of Health by:

- 1) Calling the Board of Health office at 508.533.3206
- 2) Emailing [health@townofmedway.org](mailto:health@townofmedway.org), or
- 3) Stopping in at the Board of Health office at 155 Village Street (Town Hall)

You may also attend a public hearing which will be held on \_\_\_\_\_ at \_\_\_\_\_.  
date time

It is important that if you have any concerns, that you voice them prior to or during the public hearing. **The Board of Health will not re-review an animal permit because of delayed responses.**

**A Few Things to Remember:**

*\*Comments on neighbor's animal permit does not necessarily mean denial of permit. Remember, Medway is a right to farm community, and we as a Board try to work with everyone so there is a satisfactory outcome for all parties.*

*\*\*This notice is being sent to you fourteen (14) days prior to the public hearing giving you ample time to submit comments or attend.*

*\*\*\*Your comments will be public.*

*\*\*\*\*To review the regulations that your neighbor will have to abide by, along with other keeping of animal information, please go to the Medway Board of Health website. <https://www.townofmedway.org/board-health>*



TOWN OF MEDWAY  
BOARD OF ASSESSORS  
155 VILLAGE STREET  
MEDWAY, MA 02053  
PHONE: 508-533-3203 FAX: 508-321-4981  
www.townofmedway.org

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## REQUEST FOR ABUTTERS

Date of Request: \_\_\_\_\_

Property owner: \_\_\_\_\_

Property location: \_\_\_\_\_

Parcel (property) ID(S): \_\_\_\_\_

Please specify: 100', 300' or 500' from subject parcel: \_\_\_\_\_

**THIS LIST IS REQUESTED FOR:**

- \_\_\_\_\_ Board of Health
- \_\_\_\_\_ Conservation Commission
- \_\_\_\_\_ Historical Commission
- \_\_\_\_\_ Planning & Economic Development Board
- \_\_\_\_\_ Zoning Board of Appeals

**REQUESTER INFORMATION:**

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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THERE IS A FEE OF \$15.00 PER PARCEL DUE AT THE TIME OF REQUEST. THE LIST IS VALID FOR 90 DATE OF CERTIFICATION DATE. **THE BOARD OF ASSESSORS RESERVES 10 WORKING DAYS TO PROVIDE ALL CERTIFIED LISTS OF ABUTTERS.** \*\*\*IF YOU WISH TO HAVE THE LISTS MAILED BACK TO YOU, YOU MUST PROVIDE A SELF ADDRESSED STAMPED ENVELOPE LARGE ENOUGH FOR THREE SETS OF LABELS.\*\*\*