



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 dkwok@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 at the Medway Public Library (26 High Street, Medway MA) 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

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: _____

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.***