



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: _____

I _____, reside at _____ Medway, MA.
Applicant Name *street address*

Statement: I, _____ attest and affirm that I have mailed notice of a public hearing to each abutter by first class mail as required in the *Regulation of the Medway Board of Health Minimum Standards for the Keeping of Animals*.

Name (Please Print)

Signature