



BOARD OF HEALTH

50 The Common
Phillipston Ma. 01331
Tel/Fax 978-249-1735

CONSENT FORM

I, _____, as owner of the property at
Name (please print)

_____, consent to allow
Street Address and Assessor's Map & Lot #

_____, who is under contract with
Certified Trapper's Name

_____,
Name and Address

to enter my property for the purpose of trapping and removing beavers that are causing a threat to public health and safety as determined by the Phillipston Board of Health. I understand that for any additional water level control measures or alteration to wetlands or beaver structures to be done, a permit must be obtained from the Phillipston Conservation Commission.

Signature

Date