



**TOWN OF HALIFAX
COMMONWEALTH OF MASSACHUSETTS**

Board of Health

499 Plymouth Street, Halifax, MA 02338
Telephone (781)293-6768 * Fax (781)293-1738

Site Location: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____

Inspection Performed: _____

Inspection Fee: The inspection fee is a flat rate fee of **\$60.00**

Inspector: _____ **Date:** _____

A check in the above amount, made payable to the Town of Halifax, should be sent to the Halifax Board of Health. Payment should be made with in 5 days of the inspection.

.....



**TOWN OF HALIFAX
COMMONWEALTH OF MASSACHUSETTS**

Board of Health

499 Plymouth Street, Halifax, MA 02338
Telephone (781)293-6768 * Fax (781)293-1738

Site Location: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____

Inspection Performed: _____

Inspection Fee: The inspection fee is a flat rate fee of **\$60.00**

Inspector: _____ **Date:** _____

A check in the above amount, made payable to the Town of Halifax, should be sent to the Halifax Board of Health. Payment should be made with in 5 days of the inspection.