

YARD SALE APPLICATION



TOWN OF HALIFAX

NAME _____

STREET ADDRESS _____

E-MAIL ADDRESS _____

PHONE NUMBER: _____

DATE(S) OF YARD SALE _____

RAIN DATE (IF DESIRED) _____

SIGNATURE OF APPLICANT _____

**RETURN TO THE SELECTMEN'S OFFICE
499 PLYMOUTH STREET, HALIFAX, MA 02338
OR FAX 781-294-7684**