



**TOWN OF HALIFAX
COMMONWEALTH OF MASSACHUSETTS**

Board of Health

499 Plymouth Street, Halifax, MA 02338

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Homeowner's Responsibility Acknowledgement

This Acknowledgment is being completed by the homeowner of the property located at _____, Halifax, MA 02338 (the "Property") in connection with performance of the below-referenced Work by the Contractor.

Definition of Homeowner: "Person(s) who owns a parcel of land on which he or she resides or intends to reside, on which there is, or is intended to be, a dwelling/building attached or detached structures and/or farm structures."

Work to be conducted: Septic Installation: _____ Minor Repair: _____
Perc Test: _____ Other: _____ (Describe) _____

Homeowner Name: _____

Homeowner Address: _____

Homeowner Phone: _____

Homeowner Email: _____

Contractor Name: _____

Company Name: _____

Contractor Address: _____

Contractor Phone: _____

Contractor Email: _____

I, _____, homeowner/authorized agent for the
(Please Print Clearly)

homeowner, hereby acknowledge that I am aware the Contractor/Company performing the Work on the Property does not carry a liability insurance policy affording coverage for personal injury or property damage that may occur in the course of performing the Work. I understand and acknowledge that it is not the function or responsibility of the Town of Halifax Board of Health to require or ensure that the Contractor carries any property and liability insurance while the Work is taking place on the Property.

Homeowner/Authorized Agent Signature

Date