

Town of Auburn, Massachusetts

BOARD OF HEALTH
Raymond E. Gauthier, Chairman
Marion D. Howard, Vice-Chairman
Member



APPLICATION FOR PERMIT TO OPERATE A BATHING BEACH

Date of Application: _____ Fee: _____
City/Town: _____
Beach Name: _____
Beach Operator Name: _____
Operator Address & Telephone #: _____

Address/Location of Beach: _____
Water Body: _____
Dates of Operation of Beach: From _____ to _____
Sampling Frequency (if not weekly, please explain): _____

Owner Name: _____ Tel #: _____
Owner Address: _____
Contact Name & Address _____
Contact Telephone #: _____ Emergency Telephone #: _____

Signature

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