



# Town of Orleans

## Board of Health Application Form

19 School Road, Orleans, MA 02653

health@town.orleans.ma.us ~ Phone: (508) 240-3700 Ext. 2450 ~ Fax: (508) 240-3746

### Hearing Request Form

- The intended use of this form is for individuals seeking approval from or an audience with the Board of Health
- Submit this form directly to the Health Department by noon on the Wednesday prior to the meeting (eight days in advance)

Applicant Name	
Contact Information (email & phone)	
Orleans Address or Business Name	
Applicant's Primary Address (if different)	

I am seeking to be included on a Board of Health meeting agenda for the following:

- Food and/or Food Service Establishments
- Wastewater
- Environmental Health
- Building Project
- Regulation Compliance
- Other

Please include, with this completed form, a letter that describes the circumstance for which you are seeking an audience with the Board of Health and any supporting documentation that is relevant to the discussion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date