



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS

40 SOUTH STREET
Tel (508) 543-1207
Fax (508) 543-6278

HEARING APPLICATION / NOTICE FEE

Fee: \$50.00

Please make checks payable to THE TOWN OF FOXBOROUGH.

BHP- _____
DATE REC'D _____
CHECK # _____

Applicant: _____

Doing Business As: _____

Home Address: _____

Mailing address: _____

Applicant Phone#: _____ Cell Phone#(optional) _____

REASON FOR HEARING:

DATE OF HEARING:

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*Signature of Individual or Corporate Name (Mandatory) Date

FOXBORO REPORTER _____