



Town of Mattapoissett
Board of Health

16 Main Street
Mattapoissett, Massachusetts 02739

TO: BOARD OF HEALTH RECORD CLERK

DATE: _____

FROM: _____

Telephone #: _____

Reasons for request (not mandatory, but may assist us in finding what you seek.) _____

List all documents requested, ie: Septic plans, septic pump out records, well water test results, percolation test information, etc.

Please provide the following information:

Plot # _____ and Lot(s) # _____

Street address _____

Current and previous owners, Plot Card-see Assessors Office

Year septic installed or repaired _____

Installers name _____

Engineering Firm _____

Any other information that may help us find the correct information. _____

You will be charged per page plus research time expended in compiling the information \$15.00 per hour (\$3.75 per quarter hour.) Please provide as much information as possible to assist in minimizing charges for research time.

WE WILL PROCESS YOUR RECORDS REQUEST AS PROMPTLY AS POSSIBLE.
REQUESTED MATERIAL MAY TAKE UP TO 5-7 WORKING DAYS FROM THE
REQUESTED DATE. YOU WILL BE CONTACTED WHEN INFORMATION IS READY.

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FOR OFFICE USE ONLY

Date information released: _____

Information release by: _____

Information given to: _____

Applicant's Signature for receipt of Info _____