



**TOWN OF MERRIMAC
BOARD OF HEALTH**
2 School Street
Merrimac, MA 01860
Tel: 978-346-4066

Fee: \$30.00
Payable to Town of Merrimac

APPLICATION FOR A RODENT INSPECTION

In accordance with 105 CMR 410.550, I hereby request an inspection for insects, rodents and skunks at the following premises:

Address _____

Requested by _____ Tel. No. _____

Address _____

Signature: _____ Date: _____

Telephone: _____

E-mail: _____

For Board of Health Use:

Date of Inspection of Facility _____

Board of Health Inspector: _____

Facility Approved _____ Disapproved _____

Signed: _____ Date _____
Inspector

Copy will be submitted to Building Inspector.