

TOWN OF MIDDLEBOROUGH

BOARD OF HEALTH

To the Board of Health of the Town of Middleborough:

Application is hereby made for a permit to OPERATE A

TRAILER COACH PARK

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Type of Facility

\_\_\_\_\_  
No. Street Town Zip Code

Telephone No. \_\_\_\_\_ Units \_\_\_\_\_

If applicant is a partnership, full name and residence of all partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicant is a corporation, full name and address of:

President \_\_\_\_\_

Treasurer \_\_\_\_\_

Clerk \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_