

## TOWN OF UXBRIDGE

## Board of Health

21 South Main Street Uxbridge, Massachusetts 01569 Telephone: (508) 278-8600 Ext.8 boh@uxbridge-ma.gov

## Application for 10-day emergency beaver or muskrat permit

To be filled out by applicant  Name:		Fee (if applicable):\$ Date:	
Phone Number:			
Agent Name (if applicable):			
Phone Number:			
Complaint location:			
Is the problem entirely on your property?	Yes _	No	Don't know
<b>Note</b> : If the problem does not occur en from all other property owners must be	•	oplicant's prop	erty, consent forms
Type of compliant: Provide a detailed descript safety.	tion of the perc	eived threat to	public health and
Under M. G. L. c. 131, s. 80A, an emergency p authorized agent to immediately remedy the the following options: (a) the use of conibear or bomuskrat, subject to regulations; (b) the breaching employing any non-lethal management of water for 10 days from the date of issue.	reat to human lox or cage-type ng of dams, dil	health and safe traps for the takes, bogs or be	ty by one or more of the aking of beaver or rms; and/or (c)
Signature of applicant:		Date:	

**NOTE**: Options (b) and/or (c) above require applicant to get conservation approval prior to such work in accordance with the wetlands protection act.