



TOWN OF UXBRIDGE

Board of Health

21 South Main Street

Uxbridge, Massachusetts 01569

Telephone: (508) 278-8600 Ext.8

boh@uxbridge-ma.gov

Beaver of Muskrat Consent Form

I give permission for _____ to access my property for the purpose of alleviating a threat to public health and safety posed by beaver or muskrat, as determined by the Uxbridge Board of Health.

Signature of Property Owner

Date

Address

Phone Number

Email