

BEAVER OR MUSKRAT CONSENT FORM

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 Board of Health.

Signature of Property Owner

Date

Address

Daytime Tel #

Evening Tel. #

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APPLICATION FOR 10-DAY EMERGENCY BEAVER OR MUSKRAT PERMIT

TO BE FILLED OUT BY APPLICANT

Fee (if applicable):\$ _____

Name: _____

Date: _____

Address: _____

Town: _____

Zip Code: _____

Daytime Tel. # _____

Evening Tel # _____

Agent Name: _____
(if applicable)

Tel #: _____

Complaint Location:

Is the problem entirely on your property? Yes:___ No:___ Don't Know:___

Note: If the problem does not occur entirely on the applicant's property, consent
Forms from all other property owners must be obtained.

Type of Complaint: Provide a detailed description of the perceived threat to public health and safety.

Under M.G.L. c. 131, s. 80A an emergency permit authorized the applicant or his duly authorized agent to immediately remedy the threat to human health and safety by one or more of the following options: (a) the use of conibear or box or cage-type traps for the taking of beaver or muskrat, subject to regulations; (b) the breaching of dams, dikes, bogs, or berms; and/or (c) employing any non-lethal management of water-flow devices. The emergency permit will be good for 10 days from the date of issue.

Signature of Applicant: _____

Date: _____

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

Beaver or Muskrat Complaint Data Sheet

Name: _____	Date: _____
Address: _____	
Town: _____	Zip Code: _____
Daytime Tel. #: _____	Evening Tel. #: _____
Complaint Location: _____	

Type of Complaint (check all that apply):		
<input type="checkbox"/> Property flooding	<input type="checkbox"/> public water supply	Other _____
<input type="checkbox"/> Septic system	<input type="checkbox"/> private well	_____
<input type="checkbox"/> Road flooding	<input type="checkbox"/> culvert blockage	
<input type="checkbox"/> Tree damage	<input type="checkbox"/> flooding of cropland	

Response:	
<input type="checkbox"/> Performed Site Visit	<input type="checkbox"/> Referred to DFW
<input type="checkbox"/> Referred to DEP (water supply)	<input type="checkbox"/> Other _____

Site Visit Information

DATE	INSPECTOR	COMMENTS	ABUTTERS (IF ANY)