A A A A A A A A A A A A A A A A A A A	HARDWICK BOARD OF HEALTH PO Box 575, Gilbertville MA 01031 Telephone (413) 477-6197 x108 Fax (413) 477-6703 Email: <u>boh@townofhardwick.com</u>
APPLICATION FOR 10-DAY EMERGEN	CY BEAVER OR MUSKRAT PERMIT
TO BE FILLED OUT BY APPLICANT	FEE (If Applicable) \$60.00
Name	Date
Address	
Daytime Telephone #: Ev	ening Telephone #:
Agent Name:	Telephone #:
Complaint Location:	
Is the problem entirely on your property Ye	es:No:Don't Know
-	r entirely on the applicant's property perty owners must be obtained
Type of Complaint: Provide a detailed desc health and safety:	cription of the perceived threat to public
Under M.G.L., c.131, s.80A, an emergency p	permit authorizes the applicant or his

Under M.G.L., c.131, s.80A, an emergency permit authorizes 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.