



Town of Oak Bluffs, Massachusetts
BOARD OF HEALTH
P.O. Box 1327
Oak Bluffs, MA 02557
508-693-3554 X 127

William White
James Butterick
Thomas Zinno

Health Agent
Meegan Lancaster

HEARING REQUEST FORM

Petitioner: _____ Date: _____

Address: _____

Telephone # _____ Mobile # _____

Business Address: _____

- Reason for Request:
- Modification of compliance time
 - Withdrawal of order to correct letter
 - Withdrawal of portion (s) of order to correct letter
- Violation Number (s) _____
- Other _____

Explanation for Request: _____

Signature of Applicant

<u>Board of Health Disposition:</u>	<i>official use only</i>
Hearing Request Granted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Hearing: _____
Reason for Denial: _____ _____	
_____ Meegan Lancaster Health Agent	