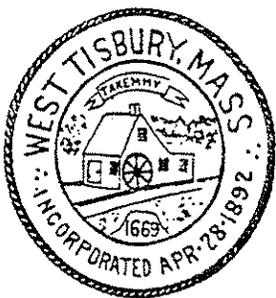


TRAILER PERMIT.



Town of West Tisbury

BOARD OF HEALTH
West Tisbury, Massachusetts 02575

APPLICATION FOR A TRAILER PERMIT

Date: _____

Property Owner's Name: _____

Address: _____

Map: _____ Lot: _____

Water Source: _____

Sanitary Facilities: _____
(plumbing, porti-potty, etc.)

Attach sketch or plan of the parcel showing proposed trailer location, lot lines, existing and proposed structures, wells and septic systems.

Board of Health Approval

Approval Date