



TOWN OF WESTMINSTER
11 South Street
WESTMINSTER, MASSACHUSETTS 01473
(978) 874-7409 • Fax (978) 874-7462
BOARD OF HEALTH

APPLICATION FOR BEAVER AND MUSKRAT CONFLICT
RESOLUTION PERMIT
FEE \$60.00

Property Owner _____

Site Address _____

Perceived Threat to Human Health and Safety _____

Is the Problem entirely on your property? YES _____ NO _____ DON'T KNOW _____

If no, who owns the other properties? All property owners must consent, please use forms attached.

Do you have a written contract with a Licensed Trapper and/or Consultant? _____

Consultant or Licensed Trapper to perform services _____

License # of Trapper _____

(It is suggested that the trapper carry a copy of this completed form while on the property)

Contact information for Trapper (phone, email) _____

Other Comments _____

****Westminster Conservation Commission approval is required for breaching of dams and/or installation of water level control devices****

Commissioner Approval Signature Required

DATE

Westminster Board of Health Approval _____

Signature

Date

THIS PERMIT IS ONLY GOOD FOR 10 DAYS AFTER THE DATE OF
THE BOARD OF HEALTH APPROVAL.