



**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**

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 \_\_\_\_\_

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

\_\_\_\_\_  
 Commissioner Approval Signature Required

\_\_\_\_\_  
 DATE

Westminister Board of Health Approval \_\_\_\_\_

Signature

Date

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