



TOWN OF WESTMINSTER
11 South Street
WESTMINSTER, MASSACHUSETTS 01473
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BOARD OF HEALTH

BEAVER/MUSKRAT TRAPPER & CONSULTANT REPORTING FORM

Date _____

Site Address _____

Owner _____

Action Taken _____

Number of Beavers / Muskrat
Removed _____

Planned Future Activity _____

Signature of Trapper/Consultant

Date

***PLEASE RETURN THIS FORM WITHIN 5 WORKING DAYS OF THE
END OF PERMIT PERIOD***