



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

Beaver Trapping Consent Form

I give permission for _____ (licensed trapper) to access my property at _____ for the purpose of alleviating a threat to public health and safety posed by Beaver or Muskrat, as determined by the Westminister Board of Health/Health Department.

Printed Name (Property Owner)

Signature of Property Owner

Date:

Telephone #