

I \_\_\_\_\_ of \_\_\_\_\_, Spencer, MA 01562  
Name Address

Intend on having the following animals on my property:

1. \_\_\_\_\_  
Type of animal or fowl # of animals or fowl
2. \_\_\_\_\_  
Type of animal or fowl # of animals or fowl
3. \_\_\_\_\_  
Type of animal or fowl # of animals or fowl

There will be a hearing for this application at the Board of Health meeting \_\_\_\_\_  
Date

in Conference Room A, lower floor Town Hall, 157 Main Street, Spencer, Ma at 6:30 PM. If you plan on attending this meeting you must notify the Board of Health at 508-885-7500, ext. 180 at least 5 days prior to the hearing date.

Sent certified mail\* or in hand\*\*

\*If certified mail, receipt of certified mail must be submitted to BOH prior to hearing.

\*\* If in hand each abutter must sign a separate copy of this letter.

\_\_\_\_\_  
Signature of abutter Date

HEARINGS ARE HELD ON THE FIRST MONDAY OF EACH MONTH.