



Department of Municipal Licenses and Inspections

Mary E. McGrath, R.S., Director
90 Pond Street – Braintree, Massachusetts 02184

Building Division Telephone: 781-794-8070 Fax: 781-794-8022
Health Division Telephone: 781-794-8090 Fax: 781-794-8098

Joseph C. Sullivan
Mayor

DATE: _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER ADDRESS: _____

Dear Department of Public Health:

I/We, _____, having submitted application for
(Property Owner)
an animal permit to the Braintree Department of Public Health, voluntarily permit department
inspectors to gain access to the property to conduct an animal site inspection, located at

_____, Braintree, MA 02184.
(Street Address)

Signature of Property Owner: _____