



# TOWN OF HARWICH

## BOARD OF HEALTH

732 Main Street, Harwich MA 02645

508/430-7509 Fax: 508/430-7503

Email: health@town.harwich.ma.us

### Title 5 Inspector Application Fee \$125.00/per Inspector

Renewal ____ New* ____	
<i>*New inspectors must pass the Town of Harwich Title 5 Inspector exam and meet with the Health Director(except Registered Sanitarians and Professional Engineers)-Please contact our office to schedule a date for the exam</i>	
Name of Inspector:	
State Inspector Number:	
Business Name (if applicable)	
Street Address:	
Mailing Address (if different):	
Telephone No.:	Fax No.:
Cell Phone No.:	
Email:	
<input type="checkbox"/> Passed Town of Harwich Title 5 Inspector Exam	

Pursuant to MGL Chapter 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required by law.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security Number or Federal ID:** \_\_\_\_\_

<b>FOR BOARD OF HEALTH USE ONLY</b>	
Date Rec'd: _____	Amt. _____
Pymt. Type: _____	<input type="checkbox"/> W/C
Reviewed by initials: _____	_____
<input type="checkbox"/> Ok	<input type="checkbox"/> Hold _____