



# TOWN OF MILLIS

## OFFICE OF THE BOARD OF HEALTH

900 Main Street • Millis, MA 02054

Phone: 508-376-7042

Fax: 508-376-7053

### APPLICATION FOR 10-DAY EMERGENCY BEAVER OR MUSKRAT PERMIT

\*\*\* The Board of Health encourages and may require non-lethal options prior to trapping.\*\*\*

TO BE COMPLETED BY APPLICANT

Permit Fee:

payable to:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_ Evening Telephone #: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Complaint Location: \_\_\_\_\_

Is the Problem entirely on your Property? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Don't Know: \_\_\_\_\_

**Note:** If the problem does not occur entirely on the applicant's property, consent forms from all other property owners must be obtained.

Type of Complaint: Provide a detailed description of the perceived threat to public health and safety:

Under M.G.L. c. 131 s. 80 A, an emergency permit authorizes the applicant or his duly authorized agent to immediately remedy the threat to human health and safety by one or more of the following options: (a) the use of conibear or box or cage-type traps for the taking of beaver or muskrat, subject to regulations; (b) the breaching of dams, dikes, bogs or berms; and/or (c) employing any non-lethal management of water-flow devices. The emergency permit will be good for 10 days from the date of issue.

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

**Note:** Options (b) and/or (c) above require applicant to get Conservation Commission approval prior to such work in accordance with the wetlands protection act.





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### LANDOWNER CONSENT FORM

#### Consent Form

I give permission for **Town of Millis** to access my property for the purpose of alleviating a threat to public health and safety posed by beaver or muskrat, as determined by the Board of Health.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Telephone #

\_\_\_\_\_  
Evening Telephone #

\_\_\_\_\_  
Email Address

#### Consent Form

I give permission for \_\_\_\_\_ to access my property for the purpose of alleviating a threat to public health and safety posed by beaver or muskrat, as determined by the Board of Health.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Telephone #

\_\_\_\_\_  
Evening Telephone #

\_\_\_\_\_  
Email Address



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### TRAPPER REPORT 10-DAY EMERGENCY BEAVER OR MUSKRAT PERMIT

#### TO BE COMPLETED BY LICENSED TRAPPER

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_ Evening Telephone #: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Complaint Location: \_\_\_\_\_

GPS Coordinate Location: \_\_\_\_\_

**Note:** If the problem does not occur entirely on the applicant's property, consent forms from all other property owners must be obtained.

Resolution (included detailed photos and area map of where blockages or dams occurs).

Under M.G.L. c. 131 s. 80 A, an emergency permit authorizes the applicant or his duly authorized agent to immediately remedy the threat to human health and safety by one or more of the following options: (a) the use of conibear or box or cage-type traps for the taking of beaver or muskrat, subject to regulations; (b) the breaching of dams, dikes, bogs or berms; and/or (c) employing any non-lethal management of water-flow devices. The emergency permit will be good for 10 days from the date of issue.

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

**Note:** Options (b) and/or (c) above require applicant to get Conservation Commission approval prior to such work in accordance with the wetlands protection act.



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### TRAPPER PRELIMINARY ASSESSMENT REPORT 10-DAY EMERGENCY BEAVER OR MUSKRAT PERMIT

#### TO BE COMPLETED BY LICENSED TRAPPER

This report must be completed **prior** to any action by the trapper.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Complaint Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GPS Coordinate Location: \_\_\_\_\_

**Note:** If the problem does not occur entirely on the applicant's property, consent forms from all other property owners must be obtained.

Describe why this issue directly involves beavers. (Included detailed photos and area map of where blockages or dams occurs).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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