

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 APPLICANTPermit 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, con be obtained.	nsent forms from all other	property owners must
Type of Complaint: Provide a detailed description of the perceived thre	eat to public health and s	safety:
Under M.G.L. c. 131 s. 80 A, an emergency permit authorizes the applicant threat to human health and safety by one or more of the following options: (taking of beaver or muskrat, subject to regulations: (b) the breaching of dam lethal management of water-flow devices. The emergency permit will be good	(a) the use of conibear or as, dikes, bogs or berms;	box or cage-type traps for the and/or (c) employing any non-

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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BEAVER OR MUSKRAT COMPLAINT DATA SHEET

Name:		Date:	
Address:			
Town:		Zip cod	le:
Telephone Number (Day	time):	Alterna	te:
Complaint Location:			
Type of Complaint (che	ck all that apply)		
Property Flooding	Public Water Supply Thre	atened	Septic System Threatened
Culvert Blocked	Road Threatened		Private Water Supply Threatened
Tree Damage	Agricultural land (Crop la	nd) Threatened	
Other (describe):			
Response:			
Performed Site Visit		Referre	d to DEP (Public water supply threatened)
Referred to Department	of Fisheries and Wildlife (DFW)	Other:	

Investigation:

DATE	INSPECTOR AND OR TRAPPER	INVESTIGATION / OBSERVATIONS



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LANDOWNER CONSENT FORM

Consent Form

I give permission for <u>**Town of Millis**</u> 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

Address

Daytime Telephone #

Evening Telephone #

Date

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

Address

Daytime Telephone #

Date

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 Telephor	ne #:
Agent Name:	Telephone #:	
Complaint Location:		
GPS Coordinate Location:		
Note: If the problem does not occur entirely on the applicate be obtained.	ant's property, consent forms from all ot	her property owners must
Resolution (included detailed photos and area map of w	where blockages or dams occurs).	
Under M.G.L. c. 131 s. 80 A, an emergency permit authorize threat to human health and safety by one or more of the follow of beaver or muskrat subject to regulations: (<i>b</i>) the breach	ving options: (a) the use of conibear or be	ox or cage-type traps for the taki

ing thal of beaver or muskrat, subject to regulations: (b) the breaching of dams, dikes, bogs or berms; and/or (c) management of water-flow devices. The emergency permit will be good for 10 days from the date of issue.

Signature of Applicant:

Date:

Options (b) and/or (c) above require applicant to get Conservation Commission approval prior to such work in accordance Note: 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:_____