



Office of the
Board of Health

13 Ayer Road, Harvard, MA 01451
978-456-4100, ext. 328
boh@harvard-ma.gov

**EMERGENCY BEAVER OR MUSKRAT PERMIT
LANDOWNER CONSENT FORM**

I, _____, hereby give permission to _____
to access my property located at _____, Harvard, Massachusetts, for the
purpose of alleviating a threat to public health and safety posed by beaver or muskrat, as determined by
the Harvard Board of Health.

Signature

Date

Printed Name

E-mail Address/Telephone Number