



TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

Health Department

PH: 508-349-7004, Ext. 32 & 31 Fax: 508-349-5508

Email: healthagent@truro-ma.gov or adavis@truro-ma.gov

APPLICATION TO NAME A MANAGER

This application is used for a Change of Manager, Add Co-Managers or to Name a Property Management Company as Manager with the Board of Health

Section 1 – Business Information

Date: _____

Print Name of Applicant: _____

Business Name or DBA to be managed: _____ Number of Units: _____

Street Address of Business: _____ Business Email: _____

Mailing Address of Business: (Check if New Address) _____

Section 2 – Manager Information

Name of Previous Manager: _____ On-Site Manager Unit #: _____

Name of New Onsite Manager: _____ On-Site Manager Unit #: _____

Name of Property Management (10 Units or less): _____

Mailing Address of New Manager and/or Property Management Company: _____

_____ Phone (24 hours/day): _____ Email: _____

Name of Co-Managers:

_____ Unit # _____ Phone (24hrs/day): _____

_____ Unit # _____ Phone (24hrs/day): _____

_____ Unit # _____ Phone (24hrs/day): _____

I have read & understand the Board of Health Manager Regulation, Section III, Article 4. Signature of New Manager, Co-Managers or Contact Person for Property Management is required.

SIGNATURE

PRINT NAME

DATE

SIGNATURE

PRINT NAME

DATE

SIGNATURE

PRINT NAME

DATE

Section 3 - **Office Use Only**

| | Scheduled | Date | Fee | Paid |
|-------------------------|--------------------------|-------|---------|--------------------------|
| Team Inspection | <input type="checkbox"/> | _____ | \$45.00 | <input type="checkbox"/> |
| Public Hearing Legal | <input type="checkbox"/> | _____ | | |
| Board of Health Hearing | <input type="checkbox"/> | _____ | \$75.00 | <input type="checkbox"/> |