



Town of Marshfield

BOARD OF HEALTH

Permit Number _____

870 MORAIN STREET
MARSHFIELD, MASSACHUSETTS 02050

Tel: 781-834-5558 Fax: 781-837-6047

MRVP Housing Request Form

Date of Request _____

Fee \$100.00 Re-Inspection Fee \$75.00

Requesting Agency _____

Contact Person at
Agency _____ phone _____ fax _____

Agency Address _____

Responsible Party for billing _____

Mailing Address: _____

Telephone (cell): _____

Address to be inspected: _____

Date & Time of Inspection: _____ re-inspection: _____

Health Officer's Report: _____

