



TOWN OF WESTPORT
WESTPORT, MASSACHUSETTS 02790

Tel: (508) 636-1015
Fax: (508) 636-1016
Health@Westport-MA.gov

OFFICE OF BOARD OF HEALTH
856 MAIN ROAD

CATERING NOTIFICATION FORM

Date: _____

Attention: Health Agent

In accordance with 105 CMR 590.033 (B) (1), we wish to notify you that we plan to cater a function within your jurisdiction.

Date(s) of the function:

Time(s):

Location:

Menu:

Approximate Number of People: _____

Attached is a copy of our current Caterer's Permit from _____.
(Name of Community)

Sincerely,

(Signature)

(Print)

(Business Name)

(Telephone number)