



**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF WESTPORT**

APPLICATION FOR TRANSFER

(DUE TO DEATH OF LESSEE-

THIS FORM MUST BE FILED BY THE GRANT HOLDERS HEIRS WITHIN 45 DAYS)

Lessee Name: _____
(Please type or print application in black ink)

Current Grant Site #: _____

Area Size: _____ Location: _____

Date Deceased: _____

Heir's Name: _____

Heir's Address: _____

Relation to Deceased: _____

Next Applicant on waiting list, if applicable.

Name: _____

Address: _____

Type of species on current grant site: _____

Number of animals: _____

Type of grow-out system: _____

Number of bags: _____

Date of Transfer: _____ New Application Date: _____

Request: _____ Approved or _____ Denied

Fee Paid: _____ Check or Money Order: _____

Chairman

Vice Chairman

Clerk
Westport Board of Selectmen