



TOWN OF WESTPORT
WESTPORT, MASSACHUSETTS 02790

OFFICE OF BOARD OF HEALTH
856 MAIN ROAD

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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)