

**Town of Westwood**  
Commonwealth of Massachusetts  
*BOARD OF HEALTH*

**FEE: \$250.00**

**Application for Registration**  
**HAZARDOUS MATERIALS BYLAW**  
**ARTICLE 17**

DATE \_\_\_\_\_

BUSINESS  
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMERGENCY COORDINATOR  
\_\_\_\_\_

PHONE NO. \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PROPERTY  
OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL  
ADDRESS: \_\_\_\_\_

CONTACT  
NAME \_\_\_\_\_

**PLEASE ATTACH OR GIVE A BRIEF DESCRIPTION OF THE BUSINESS OR  
INDUSTRIAL OPERATIONS THAT WILL BE CONDUCTED ON SITE.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE INCLUDE 3 COLOR CODED MAPS WITH THIS APPLICATION  
IF YOU HAVE ANY QUESTIONS PLEASE CALL THE OFFICE AT 781-320-  
1026/1027.**