

Town of Chatham

2014 ADDRESS AFFIDAVIT FOR COMMERCIAL SHELLFISH PERMITS

Must be completed by all applicants for a new or renewal commercial shellfish permit.

(New commercial permits require a completed application in addition to the affidavit)

AFFIDAVIT

NAME: _____

MAILING ADDRESS:

(Street or P. O. Box)

Town (Chatham, North, West or South Chatham) Zip

HOME ADDRESS: (If different from above)

(Street name, not P. O. Box)

Town (Chatham, North, West or South Chatham) Zip

PHONE NO: _____

Day Evening

Cell phone

Email Address: _____

I affirm that the above is my true and correct domicile and affix my signature hereto under the pains and penalties of perjury:

(Signature)

(Date)

Please include me on the Temperature Rule/Emergency notification list: Yes, be text _____
(standard text message rates apply) Yes, by email _____