Town of Chatham

2016 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 _____**