

**GOOD STANDING APPROVAL**

**ADDRESS OF PROPERTY:** \_\_\_\_\_

**OWNER OF PROPERTY:** \_\_\_\_\_

**TYPE OF PERMIT:** \_\_\_\_\_

The above applicant is applying for a permit/license from the Board of Health and has no outstanding debt on record from this office.

**Tax Collector's approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Water Department's approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Town Clerk's approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*PLEASE COMPLETE THE ABOVE AND BRING TO THE TOWN COLLECTOR/TREASURER, WATER DEPARTMENT AND TOWN CLERK FOR SIGNATURES**