

Town of Marshfield
BOARD OF HEALTH

TRANSFER OF RESPONSIBILITY

Date: _____

I hereby apply for a transfer of responsibility as installer on Disposal Works Permit:

Number _____ at _____.

I will be responsible for this permit as of _____.

I, as the owner and/or contractor, agree to accept responsibilities on the above numbered permit and will notify the Board of Health for inspections involving this location.

Company name: _____
Please print

Signature: _____

Address: _____

Telephone: _____ Cell phone: _____

Previous installer's name: _____