

Dennis Health Department
 685 Route 134
 South Dennis, MA 02660
 Phone: 508-760-6158 – Fax: 508-394-6289
 www.town.dennis.ma.us



Fee \$55/hr: _____
 (\$55. fee due with request – checks payable to Town of Dennis)

Date Received: _____

Date Report Due: _____

REQUEST FOR 21E SITE INFORMATION

Please Print

Contact Name: _____ Date: _____

Company: _____ Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Site Address: _____ Map: _____ Parcel: _____

A list and map of abutting properties within a radius of 2,500 ft. may be submitted with this request form. The list & map can be printed from the Town of Dennis “GIS Maps On-line” database: www.town.dennis.ma.us/ or list sites below.

Abutting Sites: _____ Map: _____ Parcel: _____

Requested Documentation (check all applicable):

- Health, chemical, hazardous material, 21E related problems at site or abutting properties
- Private wells on site or abutters properties
- History of Use
- Complaints
- Records of Underground Storage Tanks/Aboveground Storage Tanks
- Spills or Hazardous Materials Release
- Site or abutting sites that were formerly gasoline stations or hazardous material generators

Additional Information (use reverse side, if needed):

Signature: _____ X

For Office Use

Health Agent Assigned to Prepare Report: _____

Date Report Completed: _____ Date Applicant Notified: _____