

# CENTER AT THE HEIGHTS RENTAL HEALTH DEPARTMENT SIGN OFF FORM

COPY OF HALL RENTAL APPLICATION MUST BE ATTACHED.

APPLICANT MUST CONTACT HEALTH DEPARTMENT

<b>HEALTH DEPARTMENT</b>	Contact: Health Department (781)455-7570 x258
The Health Department has reviewed the attached application for an event to be held in the Center at the Heights on:	Event Date:
EVENT NAME:	
Contact person listed on right has been informed that :  <input type="checkbox"/> A Food Permit will be required. Contact has agreed on payment terms.  <input type="checkbox"/> A Food Permit will NOT be required.	Contact Person:
Signed:	Date:
Department of Health	

This form must be returned to the Executive Director of the Council on Aging within 14 days of event date, or event will be cancelled.