

TOWN OF RAYNHAMSelectmen and Board of Health

558 South Main Street Raynham, MA 02767 Tel: (508) 824 - 2766 Fax: (508) 824 -1540

Town of Raynham Sewage Disposal System Abandonment Application

Date:			Fee: \$50.00	
Property Address:				
Property Owner:	perty Owner:Email:			
Address:		Phone #		
Type of System:	Cesspool Septic Tank & Leaching Are Drywell More than one system*	□ ea □ □		
	All systems must be abando to main line when connecting	-		
Contractor Name:				
Contractor Address:_				
Contractor Phone#:		EMAIL:		
☐ Town of Raynha	m Licensed Drain Layer	\square Town of Ray	nham Licensed Installer	
Signature of Applicant		Date:		
	62C, Sec. 49A, I certify under th have filed all state tax returns a			
Social Security Numb	er or Federal ID:			
Signature of Individua Please Note: SSN or Fl	Il or Corporate Name: D numbers shall be redacted if the	is application is inclu	ded in a FOI Request	

Please provide a copy of the Raynham Sewer Connection Permit. Please coordinate 48 hours notice prior to commencement.