



TOWN OF RAYNHAM
Selectmen and Board of Health

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

Date _____

Fee: \$100.00

APPLICATION FOR SWINE PERMIT

NAME _____

ADDRESS _____

E-MAIL _____

MAILING ADDRESS (If different) _____

TELEPHONE NUMBER _____

NUMBER OF SWINE _____

Permits expire on April 30th of each year.

Mass. General Laws, Chapter 111, Sec. 31 & 155 require you to obtain this permit each year.

APPLICANT'S SIGNATURE: _____

Pursuant to MGL Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Social Security Number or Federal ID: _____

Signature of Individual or Corporate Name: _____

Please Note: SSN or FID numbers shall be redacted if this application is included in a FOI Request