



## Drain Layers License Application

Acton Board of Health

Health Dept. Phone: 978-929-6632

[www.acton-ma.gov](http://www.acton-ma.gov)

health@acton-ma.gov

**Form  
H-2**

No. \_\_\_\_\_

Fee Total: \_\_\_\_\_

**FEE: \$230.00 Annually**

NAME OF FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

\*EMAIL: \_\_\_\_\_

(Used Only for Renewals)

PROPRIETOR(S)/CORPORATE OFFICERS/PARTNERS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pursuant to Mass. General Law Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Name (printed): \_\_\_\_\_

Signature of Individual: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Corporate Officer  
(if applicable)