

# Town Of Winthrop Board of Health



**Public Health Administrator**  
Eric O. Moore, MPH

**Board of Health**  
Bridget Mulkerrin, Chairperson  
James L. Little, LPN  
Aldo Amatucci

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## REQUEST FOR VARIANCE HEARING

Name:	
Address:	
Telephone:	Email:
Owner:	
Person in Charge (PIC):	
Inspector:	
Date of Inspection:	Date of Re-Inspection:
Risk Level:	
Description of Violation(s):	
Reason for Request:	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_