



TOWN OFFICE BUILDING
90 SOUTH MAIN STREET

BOARD OF HEALTH

SHARON, MASSACHUSETTS 02067

TEL. (781) 784-1500 x1206
Website: www.townofsharon.net

REQUEST FOR WAIVER OF THE REDUCTION OF CHECKOUT BAGS

Name of Retail Establishment: _____

Location of Establishment: _____

Business Phone: _____

Primary Point of Contact:

Name: _____

Email: _____

Exemption Requested:

Please describe in detail the basis of the undue economic hardship for your request to be exempted from the Town of Sharon Bylaw for six months. Please provide any additional documentation to support your request.

For Internal Purposes:

Approved

Denied

Date