TOWN OF STRATFORD

REGULATORY AUTHORITIES NOTICE

Location of Activity _____

Type of Activity _____

Date(s) _____

Time(s)_____

Leasee: **Name** _____
Address _____
Telephone _____

The Authorization listed below must be contacted at least two weeks prior to the proposed activity.

Their special requirements, if any, will be noted.

_____

_____

_____

_____
FIRE MARSHAL

_____

_____

_____

_____
POLICE CHIEF

_____

_____

_____

_____
HEALTH OFFICER

TOWN OF STRATFORD · SETTLED 1639 · SEAL · CONNECTICUT