



**The Commonwealth of Massachusetts**

Department of Agricultural Resources

Division of Animal Health

251 Causeway Street, Suite 500

Boston, MA 02114-2151

**Nomination of Inspector of Animals**

In accordance with the Massachusetts General Laws Chapter 129, sections 15 and 16, nominating authorities of each city and town are required to nominate one or more inspectors of animals by April 1, 2020. Please complete or make necessary changes and return this form to the above address. The Director will review your nomination and, assuming appointment is confirmed, will return to you a Certificate of Appointment. Please submit one form for each person nominated. Any city or town not in compliance is subject to a penalty of \$500.

City or Town of West Tisbury

3/6/2020

**To the Director, Division of Animal Health, Department of Agricultural Resources**

In accordance with the provisions of section 15 of Chapter 129, General Laws, as amended, the following nomination of inspector of animals for the year ending April 30, 2021 is sent for your approval:

**Inspector of Animals**

Name: Anthony Cordray

Mail Address: P.O. Box 278

West Tisbury, MA - 02575

Phone: (508) 684-8201 Fax: (508) 696-0111

Email: aconrdray@westtisburyfire.org

**Inspector: (Note all changes here)**

Name: \_\_\_\_\_

Mail: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Nominating Authority**

Contact: Omar Johnson

Office: Board of Health

Mail: P.O. Box 278

West Tisbury, MA - 02575

P: (508) 696-0105 F: (508) 696-0111

Email: boh@town.west-tisbury.ma.us

**Nominating Authority: (Note all changes here)**

Contact: \_\_\_\_\_

Office: \_\_\_\_\_

Mail: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Acceptance of Nomination of Inspector of Animals (must be notarized)**

I hereby accept my nomination as Inspector of Animals for the City or Town of West Tisbury, and if and when I am appointed, I solemnly swear to faithfully perform the duties of that office, all of which are listed in General Laws Chapter 129, and Massachusetts Regulations 330 CMR 10.00-10.10 (rabies regulations).

Name (print) \_\_\_\_\_ Signed \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS

Dukes,ss

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

Then personally appeared the above-named \_\_\_\_\_ and acknowledged the foregoing instrument to be his or her free act and deed, before me.

\_\_\_\_\_  
Notary Public

My commission Expires: \_\_\_\_\_

**Appointment of Inspector of Animals (Division of Animal Health use only)**

Notice is hereby given that I, Michael Cahill acting under authority of sections 15 and 16 of Chapter 129 of the General Laws, as amended, hereby approve the nomination of \_\_\_\_\_ as Inspector of Animals for the City or Town of West Tisbury, Massachusetts.

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

\_\_\_\_\_  
Director, Division of Animal Health



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City or Town of West Tisbury

3/6/2020

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In accordance with the provisions of section 15 of Chapter 129, General Laws, as amended, the following nomination of inspector of animals for the year ending April 30, 2021 is sent for your approval:

**Inspector of Animals**

Name: Kathleen Hoffman  
Mail Address: 654 State Rd  
Vineyard Haven, MA - 02568  
Phone: (978) 290-8055 Fax: (508) 696-0111  
Email: khoffman911@gmail.com

**Inspector: (Note all changes here)**

Name: \_\_\_\_\_  
Mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Nominating Authority**

Contact: Omar Johnson  
Office: Board of Health  
Mail: P.O. Box 278  
West Tisbury, MA - 02575  
P: (508) 696-0105 F: (508) 696-0111  
Email: boh@town.west-tisbury.ma.us

**Nominating Authority: (Note all changes here)**

Contact: \_\_\_\_\_  
Office: \_\_\_\_\_  
Mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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City or Town of West Tisbury

3/6/2020

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**Inspector of Animals**

Name: Omar Johnson  
Mail Address: P.O. Box 278  
West Tisbury, MA - 02575  
Phone: (508) 696-0105 Fax:(508) 696-0111  
Email: boh@westtisbury-ma.gov

**Inspector: (Note all changes here)**

Name: \_\_\_\_\_  
Mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Nominating Authority**

Contact: Omar Johnson  
Office: Board of Health  
Mail: P.O. Box 278  
West Tisbury, MA - 02575  
P: (508) 696-0105 F: (508) 696-0111  
Email: boh@town.west-tisbury.ma.us

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Contact: \_\_\_\_\_  
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3/6/2020

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In accordance with the provisions of section 15 of Chapter 129, General Laws, as amended, the following nomination of inspector of animals for the year ending April 30, 2021 is sent for your approval:

**Inspector of Animals**

Name: Kimberly M. Andrade  
Mail Address: 15 Lighthouse Rd  
Aquinnah, MA - 02530  
Phone: (508) 330-4939 Fax:(508) 696-0111  
Email: kim.donny2011@gmail.com

**Inspector: (Note all changes here)**

Name: \_\_\_\_\_  
Mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Nominating Authority**

Contact: Omar Johnson  
Office: Board of Health  
Mail: P.O. Box 278  
West Tisbury, MA - 02575  
P: (508) 696-0105 F: (508) 696-0111  
Email: boh@town.west-tisbury.ma.us

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Contact: \_\_\_\_\_  
Office: \_\_\_\_\_  
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Director, Division of Animal Health



Town of West Tisbury

BOARD OF HEALTH

P. O. Box 278  
West Tisbury, Massachusetts 02575  
Telephone 508-696-0105  
Email: boh@westtisbury-ma.gov

Fee- \$200.00

Permit Number

2020  
TOWN OF WEST TISBURY  
BOARD OF HEALTH  
APPLICATION FOR A SEPTAGE PUMPER'S PERMIT

NAME OF APPLICANT Tim Peters d/b/a TP Excavation + Septic Service  
MAILING ADDRESS PO BOX 2115, Oak Bluffs  
E-MAIL tpx3@capecod.net  
PHONE # 508 693-6038 FAX # — CELL # 508 400-0625  
Final Disposal Facility on Island: Edgartown Wastewater  
Holding or transfer Location for Off-Island Disposal: —  
Final Disposal Facility off-Island (attached a contract) —

AGREEMENT

The undersigned hereby agrees to comply with the removal, disposal, and transportation of septage pursuant to Mass. General laws chapter 111, 31A, 31B, 31D, 143, Title 5, and policies and regulations of the West Tisbury Board of Health.

T. J. M. Peters  
Signature of Applicant

1/10/2020  
Date

Board of Health Approval

Date

Note: Permit expires at the end of the calendar year in which issued unless sooner revoked for cause.