



**TOWN OF WEBSTER**  
**MASSACHUSETTS**  
350 Main St. Webster, MA.01570  
**DEPARTMENT OF PUBLIC HEALTH**

**VACANT PROPERTY REGISTRATION**

Camille Griffin, MPH, REHS/RS  
*Health Director*

**ANNUAL FEE:** \_\_\_\_\_

Danyel Guiou  
*Administrative Assistant*

**Owners Information:**

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

24 Hour Emergency Number: \_\_\_\_\_

**Property Information**

Address: \_\_\_\_\_

Assessors Map and Lot Number: \_\_\_\_\_

Lot Size: \_\_\_\_\_

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

Estimated Expected Vacancy Time: \_\_\_\_\_

Please describe any contents/belongings still on the property: \_\_\_\_\_

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