



# TOWN OF GRANBY

## NOTICE OF MEETINGS OF TOWN DEPARTMENT AND ALL TOWN BOARDS AS REQUIRED BY CHAPTER 39, SECTION 23 M.G.L.

### NAME OF DEPARTMENT, BOARD OR COMMISSION & GENERAL PURPOSE OF MEETING

Granby Board of Health

### DATE OF MEETING:

January 12, 2016

### TIME:

6:30 pm

### DATE OF NOTICE:

1/7/16

PLACE: 215 B West State St

ROOM: \_\_\_\_\_

FLOOR: \_\_\_\_\_

01-07-16A09:49 RCVD

Jeannine Crowley

CLERK OF BOARD/ OR BOARD MEMBER

Timestamp all copies in Town Clerk's Office-leave three copies to Clerk, (two for posting)  
Keep a copy for your Records.

*[Signature]*

### LISTINGS OF TOPICS

Please check if Action will be taken or Information

	<u>Action</u>	<u>Information</u>
1. <u>Bob Sheehan - Septic Repair 603 Amherst Rd</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. <u>Departmental Review Self storage expansion</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. <u>Annual Town Report</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. <u>Campaign Finance Report</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. <u>2016 - food permits</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. <u>2016 - Salon permit</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. <u>Other Business</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If more space is needed please fill out an additional Agenda form

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George B. ...

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Vertical list of numbers: 1, 1, 1, 1, 1, 1, 1, 1, 1, 1