



# TOWN OF GRANBY

## NOTICE OF MEETINGS OF TOWN DEPARTMENT AND ALL TOWN BOARDS AS REQUIRED BY CHAPTER 30A, SECTION 18-25 M.G.L.

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

Granby Board of Health

### DATE OF MEETING:

May 15, 2018

TIME: 6:30 pm

### DATE OF NOTICE:

5/3/18

PLACE: 215 B West State St  
ROOM: \_\_\_\_\_  
FLOOR: \_\_\_\_\_

*Joanne C...*  
**CLERK OF BOARD/ OR BOARD MEMBER**

MAY 3 PM 12:02

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

### LISTINGS OF TOPICS

Please check if Action will be taken or Information

	<u>Action</u>	<u>Information</u>
1. <u>Bob Steehan - septic design</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. <u>2018 food permits</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. <u>Title V Reports</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. <u>Sludge disposal</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. <u>Review Correspondence</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. <u>meeting minutes</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. <b>Other Business</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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