

**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:**

**March 12,13,16,17,18,19,20,23,24,25,26,27,**  
**31/2020**

**TIME: Mon – Thurs 12:00pm**  
**Fri – 11:30pm**

**PLACE: 215B West State Street**  
**ROOM: \_\_\_\_\_**  
**FLOOR: \_\_\_\_\_**

**DATE OF NOTICE:**

**March 9, 2020**

*Janice Crossen*

**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.

MAR 9 2020 AM 11:09

*[Handwritten signature]*

**LISTINGS OF TOPICS**

Please check if Action will be taken or Information

|                                   | <b><u>Action</u></b> | <b><u>Information</u></b> |
|-----------------------------------|----------------------|---------------------------|
| 1. Corona Virus Update (COVID-19) | ✓                    | ✓                         |
| 2.                                | —                    | —                         |
| 3.                                | —                    | —                         |
| 4.                                | —                    | —                         |
| 5.                                | —                    | —                         |
| 6. <b>Other Business</b>          | <b><u>X</u></b>      | <b><u>X</u></b>           |

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