



TOWN OF EDGARTOWN
OFFICE OF
BOARD OF HEALTH

P. O. BOX 1596
EDGARTOWN, MASSACHUSETTS 02539
TELEPHONE: (508) 627-6120
FAX: (508) 627-6123

Special Event Caterer Reporting Form

Caterer Name: _____

Mailing Address: _____

Business/Kitchen Address: _____

Telephone #: _____ FAX # _____

Emergency Contact Name and
(if can't be reached at above): _____

Town you are licensed to operate(attach copy) _____

Name/Title of Event: _____ Location: _____

Date and Time of Event: _____

Number attending event: _____
(to be served)

Types of Food served: _____
(attach menu)

Signature of Caterer: _____ Date: _____

This form **MUST** be received by BOH in Town which event will occur 24 hours prior.

Received by BOH: _____

Comments: