5 NORTH MAIN STREET
BERKLEY, MA 02779

TOWN OF BERKLEY
MASSACHUSETTS

DEPARTMENT OF

FIRE AND RESCUE

SCOTT A. FOURNIER
FIRE CHIEF

Town of Berkley Fire Department Burning Permit Application

Date:_____

Name:_____

Address:_____

Telephone:_____

E-Mail:_____

I,_____have read and understand the rules and restrictions regarding open burning season and will abide by them.

Signature:_____

Please complete and mail back this form with a check made payable to the "Town of Berkley" for $20.00 Twenty Dollars.

Berkley Fire Department
5 North Main St
Berkley, MA 02779
ATTN: Burning Permit

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For Department Use Only

Permit #_____