



CITY OF NEWBURYPORT HEALTH DEPARTMENT

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Newburyport Board of Health Request Form

Date _____

Name _____

Organization/Company/Group Represented _____

Topic you would like discussed by Board of Health _____

Do you have any financial conflict of interest or relationship in connection with this topic.? (Y/N)

If so, please
describe _____

Are you requesting any action from the Board of Health? (Y/N)

If so, what?

Please, present all data, research articles, and related materials as early as possible. Any materials presented later than 1 week prior to the Board of Health meeting will not be presented for that meeting.

Please note that the Board of Health prefers not to vote on any subject immediately after presentation. Time will be needed to evaluate what is presented and to investigate and obtain further information.

The Board of Health reserves the right to defer any topic to a later date or dismiss the issue indefinitely if there is a lack of compelling information.