

City of Pittsfield, MA

REQUEST FOR HARDSHIP DEFERMENT RELATED TO CHECKOUT BAGS

Name of Business: _____

Business Address: _____

Business Phone: _____

Primary Point of Contact:

Name: _____

Email: _____

Exemption Requested:

Please describe in **detail** the basis of the hardship for your request to be exempted from the City of Pittsfield's ordinance for up to one year. Please provide any additional documentation to support your request.

Return the Completed Form and any Accompanying Information to:
Pittsfield Board of Health, 100 North St., Pittsfield, MA 01201

Do Not Write Below This Line: For Internal Purposes

Review Comments Findings

Approved **Denied**

_____ Date