



JAMES B. WASIELEWSKI
Director of Municipal Services

TOWN OF DUXBURY

MUNICIPAL SERVICES DEPARTMENT
TOWN OFFICES
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Telephone (781) 934-1100
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Family Consumption Shellfish Permit Application

Name _____

Address _____

Town _____ **State** _____ **Zip** _____

Phone No. _____

Email Address(REQUIRED) _____

Number of persons living/domicile at this address _____

Driver's License Number _____ **Date of Birth** _____

Senior (62 years or older)? _____

Veteran? _____ **If yes, then please provide ID to verify**

*By signature, I have reviewed, understand and agree to abide by the Rules & Regulations
for Recreational Shellfishing in Duxbury, MA.*

Signature _____

Date _____

SHELLFISH RULES AND REGULATIONS ARE STRICTLY ENFORCED

Please do not write below this line-for office use only

Picture ID check _____

Amount Paid _____

Check # _____