



## Town of Wales Conservation Commission

3 Hollow Road, P.O. Box 834, Wales, MA 01081

Tel. (413) 245-7571 Ext. 108

[conservation@townofwales.net](mailto:conservation@townofwales.net)



### Permission to Access Site

#### Property Owner

#### Authorized Agent

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Location of Property:

\_\_\_\_\_ Wales, MA 01081

I hereby give permission to the Wales Massachusetts Conservation Commission, its agents and members or their designee to access the site named above as needed to perform their duties.

Date:

Signature of property owner/authorized agent

#### Statement of Liability:

While every effort will be made to ensure the information obtained is accurate and up to date, the Wales Massachusetts Conservation Commission, its agents, and members are not liable for any loss or damage arising directly or indirectly from the possession, publication, use or reliance on this information.

#### **Third Party Authorization**

If applicant is not property owner, please have this signed by legal property owner.

I hereby give \_\_\_\_\_ permission to make arrangements for the conservation commission purposes on my property listed above.

Date:

Signature of property owner/authorized agent