



TOWN OF ANDOVER

Town Offices
36 Bartlet Street
Andover, MA 01810
(978) 623-8200
www.andoverma.gov

BYLAW EXEMPTION REQUEST

Check which Exemption(s) you are seeking:

- Thin Film Plastic Checkout Bag Polystyrene Ban (Packaging/straws/plastic utensil)

Establishment Name: _____

Address: _____ Phone: _____

Contact Name: _____ Contact Phone: _____

Contact Title/Position: _____ Contact email: _____

The Board of Health is authorized by the bylaws to grant up to 6 months of relief before the bylaws are enforced, when an applicant shows that strict enforcement would impose undue hardship. For the Polystyrene Bylaw, “undue hardship” is a situation unique to the food establishment where there are no reasonable alternatives to the use of expanded or rigid polystyrene disposable food service containers and/or alternatives to recyclable, compostable, biodegradable or reusable straws and/or utensils. Plus, compliance with this provision would cause significant economic hardship to that food establishment.

For Thin Film Checkout Bag Bylaw: I currently have stock of non-compliant bags, and estimate that it will take _____ weeks to exhaust that stock. I understand that I may not order any more of this product. I further acknowledge that I do not have any satellite facility in another community that I can transfer this stock to.

Signature

Date

For Polystyrene Ban:

Item	Amount in Stock	Estimated Date of Depletion
Plastic Straws		
Plastic Utensils		
To-go Cups & Lids		
To-go Containers & Lids		
Other		

ATTACH ADDITIONAL SHEET IF NECESSARY

I currently have non-compliant stock as outlined above. I certify that I have no other out-of-town facility that this material may be transferred to, and understand that I may not order any additional product that is non-compliant.

I have been unable to identify a reasonable alternative to polystyrene for the following items, and understand that the bylaw allows for waiver for no more than 6 months:

- Cups
- Lids
- Bowls
- Food Containers
- Food Container Covers
- Other: _____

Signature

Date

Completed Request Forms may be delivered to the Health Division as follows:

Email: health@andoverma.gov

Fax: 978-623-8694

US Mail or Hand Delivery: 36 Bartlet St., Andover, MA 01810