

## Form 1

**Town:** \_\_\_\_\_

## Form 1

“Pursuant to G.L. c. 40, § 32, I hereby request approval of the enclosed amendments to our town by-laws. G.L. c. 40, § 32, specifies that this request must be made within thirty (30) days after final adjournment of Town Meeting. The mandatory forms are included.”

- 1.) Town Meeting (*check one*):      NOTE: If “Other” is selected, please specify (i), (ii), or (iii)
- \_\_\_\_\_ Annual      \_\_\_\_\_ Special      \_\_\_\_\_ Other (*specify*)
- i.) Authorized by Charter \_\_\_\_\_
- ii.) Authorized by Special Act \_\_\_\_\_
- iii.) Authorized by By-Law \_\_\_\_\_

- 2.) Date Town Meeting First Convened: \_\_\_\_\_

- 3.)** Date(s) of Adjourned Sessions: \_\_\_\_\_

- 4.) Identify Warrant Article(s) by Article number Submitted:**

Does any by-law submitted in this packet derive from a local option statute or a special act?

\_\_\_\_\_ No \_\_\_\_\_ Yes (if yes, please submit Form 6)

- a.)** Zoning \_\_\_\_\_

Does any by-law submitted in this packet, create or amend a by-law adopted under G.L. c. 40R (smart growth zoning by-law)?

\_\_\_\_\_ No                      \_\_\_\_\_ Yes (if yes, please submit Form 6)

- b.) Historical District** \_\_\_\_\_

- c.)** General \_\_\_\_\_

- d.)** Charter Amendment (proposed amendments to an existing charter pursuant to G.L.c. 43B, § 10) \_\_\_\_\_

- 5.) Identify Zoning/Historic Maps** Relating to Submitted Warrant Article(s): \_\_\_\_\_

# Form 1

**6.) Town Counsel contact information:**

Attorney \_\_\_\_\_  
Firm \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**7.) Town Clerk contact information:**

Name (print) \_\_\_\_\_  
**Signature** \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Work Schedule \_\_\_\_\_

**8.) Town Planner or Planning Board member contact information:**

Name (print) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Work Schedule \_\_\_\_\_

**PLEASE ELECTRONICALLY FILE YOUR BY-LAW SUBMISSION PACKAGE AT:**

**[BYLAWS@MASS.GOV](mailto:BYLAWS@MASS.GOV)**