



CITY OF FITCHBURG

NOTICE OF PUBLIC MEETING

Filed in the City Clerk's Office:

FITCHBURG CITY CLERK

Jun 13 2022 3:26 pm

BOARD OF HEALTH

MEETING DATE: Thursday, June 23, 2022

MEETING TIME: 4:00 AM PM

MEETING PLACE: _____

Name of building (if applicable) Legislative Building (next to City Hall)

Room number (if applicable) Council Chambers

Address 700 Main Street

City Fitchburg, MA 01420

This meeting will be open to the public. Persons who wish to participate remotely of the meeting may request a remote attendance meeting link by contacting the Health Director at scurry@fitchburgma.gov

OPPORTUNITIES FOR THE PUBLIC TO SPEAK DURING A BOARD OF HEALTH MEETING:

Public FORUM: The Chairman will ask if anyone in the audience wishes to speak on any matter appearing on the Agenda. If you wish to address the Board of Health, you must stand and be recognized and follow these rules before speaking:

1. State your name and address.
2. Approach the center table and either stand or sit. This allows you to be seen and heard clearly by everyone in attendance.
3. You may speak only on items appearing on the agenda for no more than (2) minutes.
4. Please state the petition, order, ordinance, or resolution number to which you refer.

Agenda:

1. Public Forum: virtual and in-person input

2. Open Meeting Law Complaint:

- Discussion and response and vote

3.. Hearings Requests/Petitions:

- I. Michael Lampkin of 117 Ashburnham Street petitioning to declare HANTZ a Neopolitan Mastiff and two other dogs, owned by Barbara Tozier-Robbins of 107 Ashburnham Street, Nuisance and a Dangerous Dogs, pursuant to Chapter 140 Section 157, as outlined in the petition.

4. Meeting Minutes:

- Approve meeting minutes of June 2, 2022

**Please note: Massachusetts Open Meeting Law requires that all topics that the Chair reasonably anticipates must be listed and that the list of topics must be sufficiently specific to reasonably inform the public of the issues to be discussed at the meeting*



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5. Adjourn

Stephen D. Curry, Director of Public Health- *Name and title of person submitting this notice*

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