



Commonwealth of Massachusetts  
**Town of Wrentham**  
Board of Health  
79 South Street, Wrentham, MA 02093

TEL: (508) 384-5480  
FAX: (508) 384-5449

BUYER NOTIFICATION OF WELL TESTING  
RESULTS

We, the buyers of \_\_\_\_\_ in Wrentham, Massachusetts, have received copies of the quantity/quality well testing completed on the previously listed property. We have also received the Wrentham Board of Health Advisory signed by the Health Agent for the Town of Wrentham.

\_\_\_\_\_  
Printed Name of Buyer 1

\_\_\_\_\_  
Signature of Buyer 1

\_\_\_\_\_  
Printed Name of Buyer 2

\_\_\_\_\_  
Signature of Buyer 2

Date: \_\_\_\_\_

*PLEASE RETURN A COPY OF THIS FORM TO THE WRENTHAM BOARD OF HEALTH*