



# 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 has authorized up to **3 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:**

<b>Item</b>	<b>Amount in Stock</b>	<b>Estimated Date of Depletion</b>
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 3 months:

- Cups
- Lids
- Bowls
- Food Containers
- Food Container Covers
- Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Email: [health@andoverma.gov](mailto:health@andoverma.gov)

Fax: 978-623-8694

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