Name of Local Board of Health

DISPOSAL ORDER

DATE: _____

TO: _____

_____

_____

_____

Hereby voluntarily surrenders for disposition the following adulterated foods:

_____

_____

_____

_____

_____

To be disposed of under the supervision of an agent of the Board of Health.

_____ _____

Claimant or Owner Agent of the Board of Health

Name of Local Board of Health

EMBARGO ORDER

DATE: _____

TO: _____

_____

_____

_____

The following articles of food are hereby embargoed for 10 days as authorized by Chapter 94, § 189A, as inserted by Chapter 598, Acts of 1949 of the General Laws:

_____

_____

_____

_____

_____

Whoever removes or disposes of the above described articles without permission from the (name of local board of health) shall be punished by a fine of not less than one hundred and not more than five hundred dollars or by imprisonment for not more than six months.

_____ _____

Claimant or Owner Agent of the Board of Health