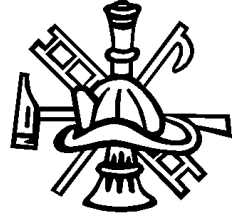




WATERTOWN FIRE DEPARTMENT

Office of Laboratory Safety
Fire Department Headquarters, 99 Main Street
Watertown, Massachusetts 02472-4410
rmele@fire.watertown-ma.gov
www.fire.watertown-ma.gov



RYAN A. NICHOLSON
Provisional Chief of Department

CAPTAIN RALPH MELE
Lab Safety Officer

Termination of Laboratory Registration

I _____ certify on this date _____ that the laboratory
(Authorized Institutional Official) (Date)

facility that is owned and operated by _____ and is
(Business or organization name)

located at _____ in Watertown Ma
(Official address of laboratory)

is to cease operations at the above location and terminate its registration with the Watertown Fire Department as a laboratory.

I, as the institutional official executing this document on behalf of the applicant named above, certify that the information contained herein is true and correct to the best of our knowledge and belief. (Must be an Authorized Institutional Official who is effectively assigned the responsibility and authority appropriate to assure the accuracy of this statement)

(Type or print name) By: _____
(Signature)

(Title of Position) Date: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____