

The document must first be recorded at:  
Plymouth County Registry of Deeds  
50 Obery St. Plymouth, MA

Please return a copy of the recorded  
document to the Health Department

Address \_\_\_\_\_

Parcel ID # \_\_\_\_\_

Owner(s) \_\_\_\_\_

**TITLE 5 DEED RESTRICTION**

This Restriction is entered into on the \_\_\_\_\_ day of \_\_\_\_\_, 2020,  
by \_\_\_\_\_, and the **TOWN OF PLYMOUTH**, by and through its Board of Health.

**WHEREAS**, \_\_\_\_\_ is/are the Owner(s) of certain real estate located at \_\_\_\_\_, Plymouth, Plymouth County, Commonwealth of Massachusetts, as described in a deed recorded with the Plymouth County Registry of Deeds (the “Registry”) in Book \_\_\_\_\_, Page \_\_\_\_\_ (hereinafter referred to as the “Property”), and further described as follows:  
Parcel ID: \_\_\_\_\_

In accordance with and pursuant to an Order of the Town of Plymouth Board of Health respecting the installation of a sewage disposal system, the Property located at \_\_\_\_\_, Plymouth, Massachusetts (Assessor’s Parcel Identification \_\_\_\_\_) shall be subject to the restriction that is shall not include more than \_\_\_\_\_ bedrooms. This Restriction shall be released or modified only by an instrument executed by the TOWN OF PLYMOUTH Board of Health.

**EXECUTED** as a sealed instrument this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

By: \_\_\_\_\_  
Name: \_\_\_\_\_

Return To:  
Plymouth Public Health Department  
26 Court St. Plymouth, MA 02360

By: \_\_\_\_\_  
Name: \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS  
PLYMOUTH, SS.

On this \_\_\_\_\_ day of \_\_\_\_\_, 2020, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which was  photographic identification with signature issued by a federal or state governmental agency,  oath or affirmation of a credible witness who is personally known to me and who has stated to me that he/she is unaffected by the document or transaction and that he/she knows the person(s) whose name(s) is/are signed on the preceding/attached document,  personal knowledge of the undersigned, to be the person(s) whose name is/are signed on the preceding/attached document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose.

---

Notary Public  
My commission expires: