



Town of  
**Longmeadow, Massachusetts**

20 Williams Street, Longmeadow, MA 01106  
Tel. (413) 565-4110 • Fax (413) 565-4112



**Town Manager**  
Stephen J. Crane

**Select Board**  
Mark Gold, Chair Person  
Marie Angelides, Vice Chair Person  
William Low, Clerk  
Richard Foster  
Thomas Lachiusa

**REQUEST FOR WAIVER OF THE REDUCTION OF CHECKOUT BAGS**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Primary Point of Contact:

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

Email: \_\_\_\_\_

Exemption Requested:

Please describe in detail the basis of the undue economic hardship for your request to be exempted from the Town of Longmeadow Bylaw for six months. Please provide any additional documentation to support your request.

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\_\_\_\_\_  
\_\_\_\_\_

For Internal Purposes:

**Approved**      **Denied**

\_\_\_\_\_

\_\_\_\_\_ Date