

Case: MM **Rack:** 147 **Apart.:** 3 **No.:** 90116
Building: Fire Escaper Milford Public Medical Home
Stories:
City or Town: Milford, Massachusetts
Neighborhood:
Street:
To be used for: **Class:**
Owner:
Architect Name:
Architect Address:
Date (YYYY-MM-DD): 1963 **2nd Date (YYYY-MM-DD):**
Inspector:
Notes: Fire escape