

CERTIFICATION OF TREASURER/COLLECTOR
(MGL c.40,§57; WMC 3-24)

Office Use Only: DEPARTMENT

NOTE - ALL LINES MUST BE COMPLETED BY APPLICANT.

1. Parcel which directly relates to the application filed. (*This numeric Parcel I.D. can be found: on the tax bill, or in Street Listing Records at the Building or Assessor's office. Web: <http://data.visionappraisal.com/WoburnMA/>.*)

(Example I.D.: 12-34-56) Map _____ Block _____ Lot _____

2. Does Real Estate owner and/or tenant own or have a beneficial or financial interest in any other real estate properties within the city of Woburn?

Circle one: NO YES

A beneficial interest can be as an individual, partnership, trust, LLP, LLC etc. If YES, insert Map, Block, and Lot below for each property. Use back of form, if necessary.

Map _____ Block _____ Lot _____
Map _____ Block _____ Lot _____

3. **Property Address where permit is sought:** _____
Real Estate Owner Name(s): _____
Real Estate Owner(s) Legal Business Name (*if any*): _____
Real Estate Owner's Residential Address (*if different*): _____
Telephone Number: _____

Tenant/Lessee Name: _____
Legal Business Name (*if any*): _____
Tenant's Address: _____ Telephone Number: _____

4. **Check one:** Residential Individual/Sole Proprietor Corporation
 Trust LLC/LLP Other _____

5. I certify under the penalties of perjury that I am the record owner or tenant of the within described property and the above information is accurate and complete.

Date

Signature of Applicant Property Owner or Tenant (Not contractor)

Title

Print Name

(For Office Use Only)

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The records of this office indicate that there are no unpaid real estate taxes, municipal fees, liens or other municipal charges outstanding and unpaid, or for the payment of which the owner has entered into a payment agreement with this office, on the above described parcels as of:

Certification Date

EXPIRES: _____

Treasurer/Collector

*** FAXES OR SIGNATURE COPIES WILL NOT BE ACCEPTED ***
For copies of this form: <http://www.cityofwoburn.com/index.asp?nid=279>