

# CERTIFICATION OF TREASURER/COLLECTOR

(MGL c.40,§57; WMC 3-24)

Office Use Only: DEPARTMENT

**CLERKS**

License Commission

## 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/>*)

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 Current Residential Address (*if different*): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Tenant/Lessee Name: \_\_\_\_\_  
Legal Business Name (*if any*): \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Tenant's Main Address (*if different*): \_\_\_\_\_

4. Ownership type (Check one):  Individual  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)

### CERTIFICATION OF TREASURER/COLLECTOR

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>