



CITY OF SOMERVILLE, MASSACHUSETTS
Treasury Department
JOSEPH A. CURTATONE
MAYOR
CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: _____

BUSINESS LOCATION: _____ **AND/OR**

TAXPAYER'S HOME ADDRESS: _____

TAXPAYER/APPLICANT PHONE: DAY: _____ **EVENING:** _____

BUSINESS NAME: _____

BUSINESS ID NUMBER: _____ **BUSINESS PHONE:** _____

I (print name) _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____,

20____. _____ (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____

TAXES AND ACCOUNT NUMBER(S)

****REAL ESTATE ID **WATER/SEWER ID **PERSONAL PROPERTY **OTHER**

NOTES:

CLERKS INITIALS: _____

**BUSINESS or BUILDING
PERMIT**

ORIGINAL STAMP

