



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

REQUEST & AUTHORIZATION TO TRANSFER A CREDIT BALANCE

Applicant/Property Owner(s): _____
 Property Address: _____ Somerville, MA 0214 _____
 Mailing Address (if different) _____
 Telephone number: _____

TRANSFER FROM: Real Estate Water Personal Property

Account Number: _____ Fiscal Year _____

Amount: \$ _____

TRANSFER TO: Tax title Real Estate Water Personal Property

Account Number: _____ Fiscal Year _____

Amount: \$ _____

Amount (if any) expected to be Refunded: \$ _____

By signing below you are hereby requesting that the credit balance above be processed and are further authorizing the City of Somerville to transfer and apply said credit balance toward your outstanding account balance. If after complete satisfaction of the outstanding account balance a credit remains, you hereby authorize the City of Somerville to post a refund check to you at the address above.

The Applicant/Property Owner further acknowledges that he or she is duly authorized to make the foregoing request with the City of Somerville.

CITY OF SOMERVILLE

Applicant/Property Owner(s):

_____ (date)

_____ (date)

notes: _____

