



**Business Licensing**  
**BusinessLicensing@bridgewaterma.org**

**Municipal Office Building**  
66 Central Square  
Bridgewater, MA 02324  
508-697-0919

## **DELINQUENT TAX CERTIFICATION**

**NAME OF INDIVIDUAL OR BUSINESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**LOCATION OF ACTIVITY:** \_\_\_\_\_

**MAP AND PARCEL NO:** \_\_\_\_\_

Pursuant to Town By-law Article XXXII, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have paid all local taxes, fees, assessments, betterments and other municipal charges for not less than a twelve (12) month period that have been assessed to myself, the corporation or business of which I am an officer, owner or principal, or to the premises upon which this activity will take place.

\_\_\_\_\_  
**SSN or FID**

\_\_\_\_\_  
**Signature of Individual or Corporate Name**

**Date:** \_\_\_\_\_

**By:** \_\_\_\_\_  
**Signature of Corporate Officer (if applicable)**