



Town of Rowley

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Board of Health
APPLICATION

Center School Municipal Annex
39 Central Street, P.O. Box 783
Rowley, Massachusetts 01969

SIT-62C Form

UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, CHAPTER 233, SECTION 35, ACTS OF 1983, YOU ARE REQUIRED TO COMPLETE THE FOLLOWING:

Pursuant to M.G.L., Ch. 62C, Sect. 49A, I certify under the penalties of perjury, that I, to my best knowledge and belief, have filed all state tax returns and paid all taxes required under law.

Complete **EITHER** category **A** or **B**

A.

Individual (Name): _____ Social Security Number: _____

Signature of Individual: _____ Date: _____

B.

Corporate Officer (Name): _____

Federal Identification Number: _____

Signature of Corporate Officer: _____ Date _____