

City of Springfield

Podiatrist/Chiropracist Registration Form

I, the undersigned, herewith present Medical License # _____ for the records of the Office of the City Clerk. I intend to conduct the practice of podiatry or chiropody in the City of Springfield.

My office or usual place of business _____
(Street Name)

(City)

(State)

(Zip Code)

The required fee of \$100.00 is herewith tendered.

Signature _____ Date _____

Print Name _____

**** FOR ADMINISTERATIVE USE ONLY ****

Springfield, Massachusetts Date _____

In accordance with the provisions of Chapter 112, Section 21 of the MA General Laws, I hereby certify that Podiatrist/Chiropracist _____

Has this day exhibited certificate or certificate statement # _____ issued

Under the authority of the laws of the Commonwealth and the City of Springfield.

The required fee of \$100.00 has been paid.

Signed _____ Clerk of the City of Springfield.

Wayman Lee