

<p>D</p> <p>SIGN HERE</p>	<p>14. SIGN HERE TO COMPLETE THE APPLICATION - - YOU MUST SIGN THE APPLICATION</p> <p>This application has been prepared and examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Your Signature Date </p> <p>If signed by an agent, attach a copy of written authorization to sign on behalf of the taxpayer</p>
	<p>15. By requesting consideration for exemption, I hereby authorize the City of Springfield Assessors Office to make any and all inquiries to any party regarding any bank account, whether held in my name individually, as a trustee or agent, against which I have the power to draw, whether or not my name appears.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Your Signature Date </p>

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

Return this form to: Assessors Office Springfield City Hall, 36 Court St, Springfield, MA 01103-1698

FISCAL YEAR **2022**

SURVIVING SPOUSE/AGED PERSON/MINOR