



Return to: City Clerk's Office, 169 Main Street, Woonsocket, Rhode Island 02895
P O BOX B

AFFIDAVIT

Pursuant to Chapter 5496 & 5640 of the Ordinances of the City of Woonsocket, I hereby register as absentee landlord and the following is the truth to best of my knowledge:

LOCATION OF PROPERTY: _____

OWNER OF PROPERTY: _____

STREET ADDRESS OF OWNER: _____

CITY, STATE, ZIP: _____

HOME PHONE NUMBER: _____

PROPERTY MANAGER: _____

STREET ADDRESS : _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

I hereby certify that the above information as submitted to the City Clerk is true and accurate.

Signature of Property Owner

Subscribed and sworn to before me this day of 201 .

Notary Public

DATE RECEIVED BY CITY CLERK'S OFFICE: