



TOWN OF ORLEANS

19 School Road Orleans, MA 02653-3699

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<http://www.town.orleans.ma.us>

STATEMENT OF STATE TAX COMPLIANCE

Project Name:

Pursuant to Ch. 233 of the Acts of 1983, §49A(b),

I, _____, acknowledge that I am the authorized signatory for _____, whose principal place of business is at _____,

and as such, do hereby certify under the pains of penalties of perjury that this company has complied with all laws of the Commonwealth relating to taxes.

Social Security or Federal ID Number _____

Subscribed and sworn to this _____ day of _____, 20_____.

Notary Public