



TOWN OF WEST SPRINGFIELD PLANNING BOARD

26 Central Street, Suite 20
West Springfield, MA 01089-2764
Phone: (413) 263-3271
e-mail: amanuel@tows.org

Allyson Manuel
Planning Administrator

FORM F

STATEMENT OF INTEREST

The petitioner(s) hereby certifies that he/she/they is/are the owner(s) of all lands contained within the description of the application.

Name (print) _____

Address _____

Email _____

Phone _____

Signature _____

Name (print) _____

Address _____

Email _____

Phone _____

Signature _____

Name (print) _____

Address _____

Email _____

Phone _____

Signature _____

Commonwealth of Massachusetts

County ss _____

On this _____ day of _____, 20 , before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification, which was/were _____ to be the person(s) whose name(s) is signed on the preceding document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose.

My Commission Expires _____

Notary Public

Stamp