



CITY OF LYNN

INSPECTIONAL SERVICES DEPARTMENT

Room 103, Lynn City Hall, Lynn, MA 01901 Tel: (781) 598-4000 Fax: (781) 477-7031

BUILDING . PLANNING . HEALTH . ELECTRICAL . GAS . PLUMBING . MAINTENANCE

FIVE YEAR RENTAL INSPECTION PROGRAM

AFFIDAVIT OF OWNER OCCUPANT

I, _____, owner of the property located at _____, Unit/Apt. _____. Hereby depose and state the following:

1. I am the owner of the property located at _____, Unit/Apt. _____. This is my primary residence.

2. Attached hereto is a copy of my deed and a copy of a bill from _____ to support my statement above.*

The foregoing statements are true to the best of my knowledge and belief.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS _____ DAY OF _____, 20____.

*A copy of any bill, except Real Estate Taxes, Lynn Water & Sewer or any other bill pertaining to property ownership.