



TOWN OF WINCHENDON

**109 Front Street, Dept. 1
Winchendon, MA 01475
Tel: 978-297-0085
Fax: 978-297-1616**

**Office of
Town Manager**

APPLICATION FOR PERMIT TO STORE
UNUSED OR UNREGISTERED MOTOR VEHICLE

Date: _____

Applicant: _____ Telephone: _____

Address: _____

Do you own the property on which the vehicle is to be stored? Yes No

If you checked no, do you have permission from the property owner to store the vehicle on the premises?

Yes No

Name and address of property owner, if other than applicant:

Year of Vehicle: _____

Make: _____

Model: _____

Color: _____

Reason for Request (college student, restoring vehicle, in military service, etc.):

CERTIFICATION OF TAX ATTESTATION:

Pursuant to Article 21 of the Bylaws of the Town of Winchendon, "Licenses and Permits of Delinquent Taxpayers," I certify under the penalties of perjury that I, to the best of my knowledge and belief, have paid all local taxes, fees, assessments, betterments, or any other municipal charges required under the law.

(Signature of applicant)

Permit No. _____

Date Issued: _____

Issued By: _____

Fee \$25.00 Paid Waived