



CITY OF LYNN

INSPECTIONAL SERVICES DEPARTMENT

Room 401, Lynn City Hall, Lynn, MA 01901 Tel: (781) 598-4000 permitting@lynnma.gov

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__.

Signed: _____

Printed Name: _____

Email Address: _____ Phone Number: _____

**Deeds can be found online at salemdeeds.com.*

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

This form can be returned via email to permitting@lynnma.gov or mailed to INSPECTIONAL SERVICES DEPARTMENT, 3 City Hall Sq Rm 401, Lynn, MA 01901.