



**TOWN OF GRAFTON**  
 GRAFTON MEMORIAL MUNICIPAL CENTER  
 30 PROVIDENCE ROAD  
 GRAFTON, MASSACHUSETTS 01519

Phone: (508) 839-5335 ext 170 • FAX: (508) 839-4602  
 www.grafton-ma.gov

**TREASURER / COLLECTOR**

## Certificate of Good Standing

Applicants seeking permits with the Town of Grafton must submit this completed form at the time of application. When all obligations are paid to date, you must attach this “Certificate of Good Standing,” with your application. Delinquent bills must be paid in full before the appropriate department accepts your application. Please make arrangements to pay these outstanding bills at the Collector’s Office.

**Please note: it can take up to three (3) business days to process each request.**

Please check all that apply and indicate if permit(s) have been issued.

|   | Permit Issued? |       |  | Permit Issued? |       |
|---|----------------|-------|--|----------------|-------|
|   | Yes            | No    |  | Yes            | No    |
| <input type="checkbox"/> Building – Inspection(s) | _____          | _____ | <input type="checkbox"/> Septic System | _____          | _____ |
| <input type="checkbox"/> Building – Electric      | _____          | _____ | <input type="checkbox"/> Conservation  | _____          | _____ |
| <input type="checkbox"/> Building – Plumbing      | _____          | _____ | <input type="checkbox"/> Planning      | _____          | _____ |
| <input type="checkbox"/> Board of Health          | _____          | _____ | <input type="checkbox"/> Other         | _____          | _____ |

Other Permit: \_\_\_\_\_

\_\_\_\_\_  
 Petitioner Name

\_\_\_\_\_  
 Property Owner / Company Name

\_\_\_\_\_  
 Petitioner Address

\_\_\_\_\_  
 Property Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Grafton, MA  
 City, State, Zip

\_\_\_\_\_  
 Phone

| Date:                | Current | Delinquent | N/A |
|----------------------|---------|------------|-----|
| Real Estate          |         |            |     |
| Personal Property    |         |            |     |
| Motor Vehicle Excise |         |            |     |
| Disposal             |         |            |     |
| General Billing      |         |            |     |

\_\_\_\_\_  
 Treasurer / Collector Name (please print)

\_\_\_\_\_  
 Treasurer / Collector Signature

\_\_\_\_\_  
 Date