



Town of Salem, New Hampshire
Assessing Department
Municipal Offices, 33 Geremonty Drive, Salem, New Hampshire 03079
Tel: (603) 890-2115

Certification of Residency

A. Last Name _____ First Name _____ M.I. _____

Address _____ Date of Birth _____

B. Last Name _____ First Name _____ M.I. _____

Address _____ Date of Birth _____

C. Last Name _____ First Name _____ M.I. _____

Address _____ Date of Birth _____

D. Last Name _____ First Name _____ M.I. _____

Address _____ Date of Birth _____

I hereby certify that the above names individual(s) is/are a resident of the Town of Salem and have been since: _____

Date: _____

Signature: _____

Account A _____ Account B _____

Account C _____ Account D _____

By: _____