



CITY OF LAWRENCE

Inspectional Service Department

Building • Plumbing Inspector • Food Inspector • Health Department • Code Enforcement • Weights & Measures

Name: _____

Organization (optional): _____

Address _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Website: _____

Describe your professional experience that qualifies you as a potential receiver (including any experience as a receiver)

In the past 10 years, have you or your organization been the subject of a complaint, administrative action, or enforcement action alleging failure to comply with any municipal, state or federal law pertaining to construction, the environment, or occupational health and safety?

☐ Yes

☐ No

If Yes, please explain:

Potential Sources of Funding (check all that apply):

- ☐ Self Financing
- ☐ Approved Private Funding Plan
- ☐ Community Development Funds
- ☐ No Financing Plan at This Time

I understand that the appointment of receivers is done by the court and that, if appointed, I will serve at the discretion of the court. I will be responsible for providing status reports to the court as requested, and am subject to removal by the court, if necessary.

Proof of at least one million dollars in liability insurance needs to be provided.

I understand that, as a court appointee, I will be subject to the wage and other labor laws of the Commonwealth of Massachusetts.

By signing below, I certify that the information I have provided is true and correct to the best of my knowledge.

SIGNATURE

PRINTED NAME

DATE

ATTESTATION

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief have filed all state tax returns and paid all state taxes required under law.

*Signature of Individual
or Corporate Name (Mandatory)

**Social Security Number
(Voluntary) or Federal Identification Number

By: _____
Corporate Officer
(Mandatory, if Applicable)

Date: _____

* Approval of a contract or other agreement will not be granted unless this certification clause is signed by the applicant.

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment of obligations. Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed, or extended. This request is made under the authority of Mass. G.L.C. 62C, S. 49A.

}

STATEMENT OF GOOD STANDING

In accordance with State and Federal regulations, I _____
hereby certify that we are not disbarred, suspended or otherwise excluded from receiving funds
or bidding on any project by any State or Federal agency.

Signature

Date

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under the penalties of perjury that this bid or bid has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business partnership, corporation, union, committee, club or other organization, entity or group of individuals.

Signature of person submitting contract/bid

Date

Name of Business