



City Of Lawrence

Office of the Treasurer/Collector

QUARTERLY CONSTABLE REMITTANCE FORM

This form must be submitted with your quarterly payment to the City of Lawrence's Treasury Department on or before January, April, July and October 15th of each year.

This Report includes processes served from (month/year) _____ through (month/year) _____

PRINT NAME: _____

COMPANY (if applicable): _____

PHONE: _____

ADDRESS: _____

Please list (attach additional sheets as necessary)

<u>Fee Type</u>	<u>No. of Transactions</u>	<u>\$Collected</u>	<u>\$Remitted Herewith</u>
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Total Remitted: \$ _____

I certify under the penalties of perjury that I am a citizen of the United States, that all statements in this application are true and accurate, and that to my best knowledge and belief, all fees and money received by me under Section 95 of Chapter 41 for the service of civil process.

SIGNATURE: _____ DATE: _____

Please make your check payable to the **City of Lawrence** and forward it to the Treasury Department, address below.

200 Common Street Room 102 Lawrence, MA 01840 P: 978-620-3073
www.cityoflawrence.com