



**TOWN OF WINCHENDON**

**109 Front Street  
Winchendon, MA 01475  
Tel: 978-297-0085  
Fax: 978-297-1616**

**Office of  
Town Manager**

APPLICATION FOR PERMIT TO STORE  
UNUSED OR UNREGISTERED MOTOR VEHICLE

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Do you own the property on which the vehicle is to be stored?  Yes  No

If you checked no, do you have permission from the property owner to store the vehicle on the premises?

Yes  No

Name and address of property owner, if other than applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year of Vehicle: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

Reason for Request (college student, restoring vehicle, in military service, etc.):

\_\_\_\_\_

CERTIFICATION OF TAX ATTESTATION:

Pursuant to Article 21 of the Bylaws of the Town of Winchendon, "Licenses and Permits of Delinquent Taxpayers," I certify under the penalties of perjury that I, to the best of my knowledge and belief, have paid all local taxes, fees, assessments, betterments, or any other municipal charges required under the law.

\_\_\_\_\_

(Signature of applicant)

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Permit No. \_\_\_\_\_

Date Issued: \_\_\_\_\_

Issued By: \_\_\_\_\_

Fee \$5.00 \_\_\_\_\_ Paid \_\_\_\_\_ Waived