



Town of Middlefield Board of Selectmen

P.O. Box 238, Middlefield, MA 01243

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selectboard@middlefieldma.net

APPLICATION FOR SENIOR TAX WORKOFF ABATEMENT PROGRAM

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ MARITAL STATUS: _____

JOINT INCOME (include Social Security and ALL pensions): _____

EMERGENCY CONTACT: _____ PHONE: _____ RELATIONSHIP: _____

In order to assist in placement, please describe any skills (including computer efficiency) you may have that would assist the Town in placing you in a compatible work environment:

Do you have any physical limitations that would hinder a position offered? _____

Hours and days available: _____

By completing and submitting this application you are agreeing to a CORI background check.

I attest to the above information I have submitted to participate in this program.

Signed: _____ Date: _____