



Tel: 781-826-6401

Town of Hanover
Board of Assessors
550 Hanover Street
Hanover, Massachusetts 02339-2242
www.hanover-ma.gov

Fax: 781-826-5239

Statement required by Hanover Assessors Office to meet requirements for Elderly exemption Clause 17D.
This form must be completed and signed by bank personnel.

Name of Bank _____

Location _____

Date _____

_____ have / has the following
accounts listed at the above stated bank.

Last four (4) digits of Account # _____ Balance as of 7/1/____ \$ _____

Last four (4) digits of Account # _____ Balance as of 7/1/____ \$ _____

Last four (4) digits of Account # _____ Balance as of 7/1/____ \$ _____

Last four (4) digits of Account # _____ Balance as of 7/1/____ \$ _____

Bank employee Signature _____

I, _____ authorize that the above information be released to the Hanover
Assessors Office.

(This form can be photo copied if there are more than four accounts).