

BOARD OF ASSESSORS  
550 HANOVER STREET  
HANOVER, MA 02339  
781-826-6401

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

Name of Bank

\_\_\_\_\_

Location

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_ has the following accounts listed  
at the above stated bank.

Account # \_\_\_\_\_

Balance as of 7/1/2010

\_\_\_\_\_

If more than four accounts exist, please submit each additional account in the format stated above.

Thank you.

Bank Employee Signature

\_\_\_\_\_

FY11