## AFFIDAVIT OF RESIDENCE

Name: _		
Street Address: _		
City, State:		
Zip: _		
Date: _		
To the Wrentham Zonii	ng Board of Appeals,	
I,	, formally ackr	nowledge living at the street address
of		, Town of Wrentham, State of
Massachusetts since	·	
Furthermore, I swear ar are true and accurate.	nd affirm under penalty of perjury th	nat the facts set forth in this statement
Sincerely,		