

Required Fee \$20



TOWN OF READING

Registration Form

I, _____, herewith present a copy of Massachusetts (name)

Registration Certificate # _____ for recording by the Town Clerk of Reading, Massachusetts. I intend to conduct the Practice of Medicine in the Town of Reading as follows:

- Physician (Chapter 112 Section 8)
Podiatrist/Chiropodist (Chapter 112 Section 21)
Optometrist (Chapter 112 Section 70)
Electrolysis (Chapter 112 Section 87HHH)

My office or usual place of business is located at:

_____ (address, city, state, zip code)

I AM EXEMPT FROM FILING BECAUSE I AM NOT ENGAGED IN THE PRACTICE OF MEDICINE IN THE TOWN OF READING.

APPLICANT'S STATEMENT

In accordance with the provisions of Sections 8, 21, 70 and 87HHH of Chapter 112 of the Massachusetts General Laws, I hereby certify under the penalties of perjury that all information on this application is true.

Dated _____ (Signature)

Physicians please do not write below this line

In accordance with the provisions of 112 MGL §§8, 21, 70, or 87HHH, I hereby certify that _____ has this day exhibited certificate or certificate statement # _____ issued under the authority of the laws of the Commonwealth.

Filed in Reading, Massachusetts on _____