



Town of Adams • Massachusetts 01220-2039

INSPECTIONAL SERVICES

TOWN HALL BUILDING
8 Park Street
Tel. (413) 743-8300 x179

Property Registration Form

Property Address: _____

Number of Dwelling Units: _____

Hardwired Smoke & Carbon Monoxide Alarms: ☐ YES ☐ NO

Lead Paint Certificate of Compliance: ☐ YES ☐ NO

Posting of Owner's/Representative's Info: ☐ YES ☐ NO

Postings required by 105CMR 410.400 shall be on durable material not less than 20 sq inches in size and placed at the residence adjacent to the mailboxes or within the interior of the residence in a location visible to the occupants.

Owner's Name: _____

Owner's Entity: _____

Address: _____

City: _____ ST _____ Zip Code _____

24-hr Phone Number & Email: _____

Mandatory Local Agent Must Be Within 20-Miles of the Town of Adams

Local Agent's Name: _____

Address: _____

City: _____ ST _____ Zip Code _____

24-hr Phone Number & Email: _____

This registration is an annual requirement and expires on December 31st of each calendar year.

Signature of Owner

Date

OFFICE USE
ONLY