



The City of REVERE, MASSACHUSETTS

281 Broadway, Revere, MA 02151

Date: \_\_\_\_\_

To: City Auditor  
City Hall  
Revere, MA 02151

The attached bill pertaining to: \_\_\_\_\_

In the amount of \$ \_\_\_\_\_ is a duplicate copy which I have had  
attested by the City Clerk.

I hereby certify under the pains and penalties of perjury that:

(1) The original bill is not available for the following reason:

\_\_\_\_\_  
\_\_\_\_\_

(2) This bill has not been previously paid.

(3) Subsequent claim for payment of this bill will not be made.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

City Clerk Signature: \_\_\_\_\_

Date: \_\_\_\_\_