



Town of Lanesborough Certificate of Physician Registration

I, the undersigned, herewith present a Certificate of Physician Registration for medical license # _____ to the Office of the Town Clerk. I intend to conduct the practice of medicine in the Town of Lanesborough.

My office or usual place of business is: _____
(Street)

(City) (State) (Zip Code)

The required fee of \$25.00 is herewith tendered.

Signature _____ Date _____

Print Name: _____

▼ FOR ADMINISTRATIVE USE ONLY ▼

Lanesborough, Massachusetts Date _____

In accordance with the provisions of Chapter 112, Section 8 of the Massachusetts General Laws, I hereby certify that _____
has recorded a Physician Registration for medical license # _____ which has
been issued under the authority of the laws of the Commonwealth of Massachusetts.

The required fee of \$25.00 has been paid.

Signed _____
Ruth Knysh, Town Clerk