



TOWN OF MARSHFIELD
OFFICE OF THE TREASURER-COLLECTOR
870 MORAIN STREET MARSHFIELD, MA 02050

COVID -19 FINANCIAL HARDSHIP WAIVERS

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

DATE OF APPLICATION: _____

PROOF OF HARDSHIP – PLEASE MARK “X”:

UNEMPLOYMENT APPLICATION:

PROOF OF CLOSED BUSINESS:

MEDICAL WAIVER:

TYPE OF BILL (S) NEEDING RELIEF – PLEASE MARK “X”

REAL ESTATE TAXES:

EXCISE TAXES:

UTILTY BILLS:

BELOW SECTION IS FOR TOWN OF MARSHFIELD STAFF

APPLICATION WAS RECEIVED ON: _____

APPLICATION WAS APPROVED BY: _____

APPLCIATION WAS DENIED BY: _____

REASON: _____

REQUESTED APPEAL TO TOWN ADMINISTRATOR BY PATRICK DELLORUSSO ON: _____