

**LANDLORD AGENT FILING STATEMENT FOR THE TOWN OF LONDONDERRY**

Filing Statement Date: \_\_\_\_\_

Property Location: \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone # (h) (w) (c) \_\_\_\_\_

Include area code                      Home                      Work                      Cell

E-mail address \_\_\_\_\_

**NH Contact**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # (h) (w) (c) \_\_\_\_\_

Include area code                      Home                      Work                      Cell

E-mail address \_\_\_\_\_

The above information is in accordance to RSA 540:1-b

Payment of \$15.00 required. Checks are made payable to the **Town of Londonderry**.  
You may mail your filing statement along with payment to:

Town of Londonderry  
Town Clerks Office  
268B Mammoth Rd.  
Londonderry, NH 03053

A certified copy will be mailed to the Property Owner.

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**Clerk use only**

Payment received \_\_\_\_\_ Map/Lot \_\_\_\_\_

Recorded \_\_\_\_\_

Clerk's Signature \_\_\_\_\_

Place seal