



KIMBERLEY DRISCOLL  
MAYOR

# CITY OF SALEM, MASSACHUSETTS

BUILDING DEPARTMENT  
120 WASHINGTON STREET, 3<sup>RD</sup> FLOOR  
TEL: 978-745-9595  
FAX: 978-740-9846

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THOMAS ST. PIERRE  
DIRECTOR OF PUBLIC PROPERTIES/BUILDING COMMISSIONER

## Abandoned Housing Initiative Potential Receiver Questionnaire

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

Business Name \_\_\_\_\_

Organization (Optional) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (W): \_\_\_\_\_ Phone Number (C): \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

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Describe your professional experience that qualifies you as a potential receiver (including any experience as a receiver)

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In the past 10 years, have you or your organization been the subject of a complaint, administrative action, or enforcement action alleging failure to comply with any municipal, state or federal law pertaining to construction, the environment, or occupational health and safety?

Yes \_\_\_\_\_

No \_\_\_\_\_

If Yes, please explain:

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Provide three professional references able to comment on your qualifications (include letters of recommendation)

1 - \_\_\_\_\_

2 - \_\_\_\_\_

3 - \_\_\_\_\_

Do you authorize the City of Salem to conduct a background check of you and/or your organization:

Yes \_\_\_\_\_

No \_\_\_\_\_

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Potential Sources of Funding (check all that apply):

Self-Financing \_\_\_\_\_ Community Development Funds \_\_\_\_\_  
Approved Private Funding Plan \_\_\_\_\_ No Financing Plan At This Time \_\_\_\_\_

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I understand that the appointment of receivers is done by the court and that, if appointed, I will serve at the discretion of the court. I will be responsible for providing status reports to the court as requested, and I am subject to removal by the court, if necessary.

I Agree \_\_\_\_\_

I understand that, as a court appointee, I will be subject to the wage and other labor laws of the Commonwealth of Massachusetts.

I Agree \_\_\_\_\_

By filling in my name I certify that the information I have provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date