



Landlord/Constable Compliance Certificate of Service

I certify that, pursuant to the Housing Stability Notification Act, I served a copy of the Resources and Information for Tenants on the below on this date:

TENANT NAME & ADDRESS:

City of Boston
Department of Neighborhood Development
Landlord Notices, Office of Housing Stability
43 Hawkins Street
Boston, MA 02114

Printed Name

Signature

Date

- ☐ By checking this box, I acknowledge that typing my name is a substitute for formally signing this document.

Electronic signatures are acceptable pursuant to the Supreme Judicial Court's Updated Order Authorizing Use of Electronic Signatures by Attorneys and Self-Represented Parties In Re: COVID-19 (Coronavirus) Pandemic.

A copy of this Certification must be provided to the Office of Housing Stability, together with the Notice to Quit pursuant to the Housing Stability Notification Act.