



Town of Ayer Senior Citizens Property Tax Work-off Abatement Program

Chapter 184 S52 of the Acts of 2002
(Amending G.L. Ch. 59 S5K)
978-772-8220 x146

www.ayer.ma.us

Department Request Form

Department _____
Contact Person _____
Phone Number _____
Date _____

Please list the positions(s) and/or responsibilities you would like to have provided by participants in the Senior Citizens Property Tax Work-off Program.

Please list the knowledge, skills, abilities, or experience that is required; include any specific requirements that participants will need for eligibility for these positions or responsibilities.

Please indicate any specific times, if applicable, when participants are needed.

Weeks per year _____
Hours per week _____
Specific days/times needed _____

I understand that as the Department Head that I have the right to accept or reject a participant based on their skill level and/or qualifications, and that the hours listed are based on the specific needs for this project. I further understand that once an applicant is placed in my department, I am responsible for training and supervision as well as documenting the hours worked by the participant.

Signature: _____

Date: _____