



TOWN OF TOPSFIELD

8 WEST COMMON STREET
TOPSFIELD, MA 01983

AUTHORIZATION TO UTILIZE REMOTE PARTICIPATION

Certification Pursuant to 940 CMR 29.10(7)

I, _____ (printed name), being a member of the
_____ (board, committee or commission), hereby request
to participate remotely at the meeting to be held on _____ (date). I certify to the chair that
my absence is the result of one or more of the following factors which make my physical attendance
unreasonably difficult:

- ___ Personal illness
- ___ Personal disability
- ___ Emergency
- ___ Military services
- ___ Geographic distance

Explanation: _____

Signature: _____ Print Name: _____

APPROVED BY: _____
(Signature of Chair of Board, Committee or Commission) (Date)