



**CITY OF BROCKTON
DEPARTMENT OF HUMAN RESOURCES
45 School Street • Brockton, MA
Honorable, Mayor Bill Carpenter**

**Policy Name: RESIDENCY ORDINANCE FORM
Issuing Office: DEPARTMENT OF HUMAN RESOURCES**

I, _____ (print name), hereby acknowledge that, as a condition of my employment with the City of Brockton, Section 2-110 of the Revised Ordinances of the City of Brockton mandates that I shall be a resident of the City of Brockton or shall, within one (1) year of my employment establish residency within the City.

I also acknowledge that, should I fail to comply with this ordinance, such non-compliance is determined to be voluntary termination of my employment.

Further, I understand and will comply with the requirement that annually, on each July 1 following my employment, I will file with my Department Head or like officer, a certification, signed under the pains and penalties of perjury, stating my name and place of residence.

Name: _____
Signature

Address: _____
Street City State Zip

Signature: _____ Date: _____