APPEARANCE OF COUNSEL	DOCKET NUMBER	Commonwealth of Massachsetts Land Court Department

CASE NAME

To The Recorder:

Please enter my appearance as attorney for _____

_____

_____

in the above numbered court action.

ATTORNEY NAME			B.B.O. NO. (Required)
ATTORNEY FIRM OR AGENCY			TELEPHONE NO.
STREET ADDRESS			CELL PHONE NO.
CITY/TOWN	STATE	ZIP CODE	E-MAIL ADDRESS

_____ DATE

_____ SIGNATURE OF ATTORNEY

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