**Massachusetts Trial Court**

# Assent of Taking Authority to Withdrawal of Land from the Registration System (G.L.c. 185, § 52)

Court Use Only

Print Form

Reset Form

| Court Department | County | Docket Number |
|---|---|---|
| Land Court | | |

Case Name (Plaintiff(s))

## Instructions

A Plaintiff(s) seeking to withdraw land from the registration system that is encumbered by a fee taking must provide notice of the Complaint to the taking authority because, based on an Order of Taking of record, the taking authority may have an interest in a portion of the land that the Plaintiff(s) seeks to withdraw from the registration system. The Plaintiff(s) must either: 1) obtain and file a written Assent signed by the taking authority; or 2) mail the Citation, the Complaint, and the Notice of Voluntary Withdrawal to the taking authority by certified mail, return receipt requested, and file proof of service.

This form may be used to memorialize the taking authority's assent to the withdrawal of the land from the registration system.

1. The Plaintiff has filed a Complaint to withdraw from registration land described in Certificate of Title Number _____, issued by the _____ for property located in _____ (the "Property).

2. The undersigned, as a duly authorized representative of the taking authority, has been provided with a file-stamped copy of the Complaint and Notice of Voluntary Withdrawal.

3. Encumbering the Certificate of Title is _____ dated _____, by _____, which was registered on _____, as Document Number _____ (the "Order of the Taking").

4. The undersigned, as a duly authorized representative of the taking authority, hereby assents to the Complaint being allowed, the Certificate of Title being cancelled, and the Property becoming unregistered land, including any portion of that Property that may be subject to the Order of Taking.

| Name of Signer | Title |
|---|---|
| | |

| Name of Taking Authority (City, Town, or Public Entity) | B.B.O. Number (If Applicable) |
|---|---|
| | |

| Street Address | Apt/Unit Number | Phone Number |
|---|---|---|
| | | |

| City/Town | State | Zip Code | E-Mail Address |
|---|---|---|---|
| | | | |

| Date | Signature (wet ink required) |
|---|---|
| | |