

ATTN: TAX COLLECTOR
TOWN OF TOWNSEND
272 MAIN STREET
P.O. BOX 602
TOWNSEND, MA
978-597-1702
tax@townsend.ma.us

REQUEST FOR TAX INFORMATION – TAXES PAID

NAME: _____ TELEPHONE: _____

MAILING ADDRESS: _____

If would like response Emailed to you please provide Email Address: _____

SIGNATURE (REQUIRED): _____

Real Estate Tax – for calendar Year(s): _____, _____, _____, _____

Property Location: _____

Parcel ID (map-Block-Lot): _____ - _____ - _____

EXACT name in which the property is assessed: _____

Please fill out a form for each parcel request
Pre-paid fee \$2.00 per parcel

Excise Tax – for calendar year(s): _____, _____, _____, _____

EXACT name of owner or leasing company on Registration: _____

Fill in the Make (not model), Year, & plate # (required for lookup)

Make & Year: _____ Registration/Plate #: _____

Make & Year: _____ Registration/Plate #: _____

Make & Year: _____ Registration/Plate #: _____

Pre-paid fee \$1.00 per Registration

Please send completed form and payment to the above address make checks payable to TOWN OF TOWNSEND.

You MUST include a stamped self-addressed envelope and the FEE with your request.