

# ASSESSORS REQUEST FOR INFORMATION FORM

All information requests allow 10 days

**\*\* PREPAYMENT IS REQUIRED \*\***

## Vehicle of information pickup

1) FAX phone number (\$1.00/page): \_\_\_\_\_

2) Pickup date- phone # when ready: \_\_\_\_\_

3) Postal Mail- name & address: \_\_\_\_\_

**Field Card(s):** \$1.00 per USPS-mailed card, \$2.00 per faxed card - MUST SUPPLY AT LEAST 2 OF THE FOLLOWING:

AssessorsMap/Lot \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

Property Address \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

Owner Name \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

**Deed(s):** Book \_\_\_\_\_ /Page \_\_\_\_\_ (deeds can be downloaded faster from [masslandrecords.com](http://masslandrecords.com)) (select S. Worcester)

**Certified Abutters List:** \_\_\_\_\_ \$10.00 each subject lot, non-contiguous, \$5.00 each additional lot, contiguous

Must attach a Certified Abutters List Application Form for each subject lot

**Application for Street Number:** \_\_\_\_\_ no charge

Must attach an Application for Street Number Form for each subject lot

**Portion of Assessors Map:** \$25 per snail-mailed copy, \$1.25 per faxed copy

Subject Map/Lot \_\_\_\_\_; Property Address \_\_\_\_\_ or Owner Name \_\_\_\_\_

**Full set of Assessors' maps (to scale):** \_\_\_\_\_ \$45.00 each set

**Full set of Assessors' maps (not to scale 11x17):** \_\_\_\_\_ \$10.00 each set

**Real Estate Data Extract** \_\_\_\_\_ \$200.00

**Real Estate Data Report** \_\_\_\_\_ \$10.00 per existing report. Non-existing report, call for price quote.

(ie; property owner report by map/lot; commercial property listing; Exempt property listing)

## Misc. Application Request(s):

Motor Vehicle Abatement \_\_\_\_\_ Elderly Exemption \_\_\_\_\_ Veteran Exemption \_\_\_\_\_ Form 3ABC \_\_\_\_\_

Chapter 61 \_\_\_\_\_ 61A \_\_\_\_\_ 61B \_\_\_\_\_ 911 Disability \_\_\_\_\_ Income & Expense \_\_\_\_\_

Personal Property Form of List \_\_\_\_\_

Real Estate/Personal Property Abatement \_\_\_\_\_ (only available during the 30 days for which Actual Tax Bills are due)

**Other Request(s):** \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Notes: \_\_\_\_\_

Amount received: \_\_\_\_\_ Cash/Check No. \_\_\_\_\_

Date mailed/faxed/contacted: \_\_\_\_\_

THIS FORM CAN BE LEFT IN THE ASSESSORS' BOX IN THE SLADE BUILDING, THE DROP BOX OUTSIDE THE ENTRANCE TO THE LIBRARY BASEMENT, THE FOLDER OUTSIDE THE ASSESSORS' OFFICE, SNAIL-MAILED (PO Box 215), OR FAXED (978-928-1402).