

REQUEST FOR CERTIFIED ABUTTERS LIST

NAME OF APPLICANT
PROPERTY ADDRESS

ASSESSORS' USE ONLY	
Date Received	
Cash	Check #

BOARD OR COMMISSION REQUIRING LIST: (Please check off appropriate box)

PLANNING BOARD	<input type="checkbox"/>
ZONING BOARD OF APPEALS	<input type="checkbox"/>
CONSERVATION COMMISSION	<input type="checkbox"/>
SELECT BOARD	<input type="checkbox"/>
OTHER _____	<input type="checkbox"/>
(Please specify)	

NUMBER OF FEET FROM PROPERTY LINES:

SIGNATURE OF APPLICANT _____

DATE OF APPLICATION _____

CONTACT PERSON _____

TELEPHONE NUMBER _____

If you wish to have the list emailed and/or mailed to you, please print the info legibly below.

EMAIL: _____

MAILING ADDRESS: _____

ASSESSORS' USE ONLY
MAP AND PARCEL:
NUMBER OF ABUTTERS: