

REQUEST FOR CERTIFIED LIST OF ABUTTERS

PROJECT NAME: _____

STREET LOCATION: _____

OWNER: _____

TAX MAP AND PARCEL: _____

**TOWN OF BOYLSTON
BOARD OF ASSESSORS**

221 MAIN STREET
BOYLSTON, MA 01505
TEL: 508-869-6543

☐ DIGITAL (FREE)

☐ PAPER WITH LABELS (\$25)

VARIANCE _____

SPECIAL PERMIT _____

PRELIMINARY PLAN _____

DEFINITIVE PLAN _____

OTHER (SPECIFY) _____

ABUTTERS DISTANCE

☐ 100' ☐ 300'

PLEASE REFER TO EACH BOARD'S REQUIREMENTS.

CONTACT NAME: _____

CONTACT PHONE: _____

CONTACT EMAIL: _____

FOR OFFICE USE ONLY

This stamp and signature is certification that attached is a List of Abutters to **Map** _____, **Parcel** _____ or as cited above but not necessarily in its entirety.

Date: _____

Board of Assessors
Town of Boylston

PLEASE ALLOW 10 BUSINESS DAYS TO PROCESS