



TOWN OF BOXBOROUGH
 Town Assessor
 29 Middle Road
 Boxborough, Massachusetts 01719
 978-264-1720 • FAX 978-264-3127
 randerson@boxborough-ma.gov

REQUESTER
 OFFICE
 TOWN BOARD

REQUEST FOR ABUTTERS

DATE OF REQUEST: _____ DATE LIST NEEDED: _____

PROPERTY LOCATION: _____

MAP _____ LOT _____ BLOCK _____

PROPERTY OWNER: _____

REASON FOR LIST

- CONSERVATION COMMISSION
- ZONING BOARD OF APPEALS
- PLANNING BOARD
 - PRELIMINARY PLAN
 - SITE PLAN
 - DEFINITIVE PLAN
 - SPECIAL PERMIT
- BOARD OF SELECTMEN
- OTHER _____

RADIUS FOR ABUTTERS

300 FEET IMMEDIATE OTHER _____

REQUESTER INFORMATION

NAME _____
 ADDRESS _____
 PHONE _____

OFFICE USE ONLY

DATE LIST PREPARED: _____

FEE CHARGED: _____ AMOUNT PAID \$ _____

DATE PAID: _____ CHECK # _____

CASH

FEE SCHEDULE: \$1.00 PER NAME
 \$10.00 MINIMUM
 \$30.00 MAXIMUM

LIST IS VALID FOR SIX (6) MONTHS. TOWN ASSESSOR IS ALLOWED TEN (10) BUSINESS DAYS FROM DATE OF REQUEST TO PROVIDE CERTIFIED LIST OF ABUTTERS.