

Town of Boxborough
Office of the Treasurer/Collector
29 Middle Rd, Boxborough, MA 01719

Phone 978-264-1715

Email: treasurercollector@boxborough-ma.gov

INCOME TAX FILING - TAXES PAID REQUEST FORM

Please include a self-addressed stamped envelope for the mailing of statement of account. Extra postage required for each four (4) statements requested. The tax collector has (10) ten days in which to respond to requests for information.

Date of Request: _____ Year(s) _____

Name:

Address:

Phone _____ number:

Email _____ Address:

Please check information needed ☐ Both RE & MV ☐ RE Only ☐ MV Excise Only

REAL ESTATE TAX INFORMATION

Owner _____ (If _____ different _____ from _____ above):

Property _____ address _____ (If _____ different _____ from _____ above):

MOTOR VEHICLE TAX INFORMATION

Name (as it appears on registration):

Name (as it appears on registration):

Year/Make/Model: _____ Registration number:

Year/Make/Model: _____ Registration number:

Year/Make/Model: _____ Registration number:

Year/Make/Model: _____ Registration number:
