

Town of Boxborough
Office of the Treasurer/Collector
29 Middle Rd, Boxborough, MA 01719
Phone 978-264-1715
ail: treasurercollector@boxborough-ma

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

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: _____