



TOWN OF TRURO

ASSESSORS OFFICE

CERTIFIED ABUTTERS LIST REQUEST FORM

APPLICATION FOR ADULT USE RECREATIONAL MARIJUANA ESTABLISHMENTS (RME) AND MEDICAL MARIJUANA TREATMENT CENTERS (MMTC)

DATE: _____

NAME OF APPLICANT: _____

NAME OF AGENT (if any): _____

MAILING ADDRESS: _____

CONTACT: HOME/CELL _____ EMAIL _____

PROPERTY LOCATION: _____
(street address)

PROPERTY IDENTIFICATION NUMBER: MAP _____ PARCEL _____ EXT. _____
(if condominium)

ABUTTERS LIST NEEDED FOR:

_____ Planning Board Site Plan Review _____ Zoning Board of Appeals Special Permit

FEE: \$15.00 per checked item (Fee must accompany the application unless other arrangements are made)

Note: Per M.G.L., processing may take up to 10 calendar days. Please plan accordingly.

THIS SECTION FOR ASSESSORS OFFICE USE ONLY

Date request received by Assessors: _____ Date completed: _____

List completed by: _____ Date paid: _____ Cash/Check _____

Abutters List for: Abutters, owners of land directly opposite on any public or private street or way, and abutters to the abutters within 300 feet of the property line as well as any other property owners within 300 feet of the property line.