



# TOWN OF TRURO

## Assessors Office Certified Abutters List Request Form

DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

NAME OF AGENT (if any): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

CELL \_\_\_\_\_ FAX \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_  
(street address)

PROPERTY IDENTIFICATION NUMBER: MAP \_\_\_\_\_ PARCEL \_\_\_\_\_

ABUTTERS LIST NEEDED FOR: (Fee must accompany the application unless other arrangements are made)

Please check applicable:

	FEE:		FEE:
_____ Board of Health	\$15.00	_____ Planning Board	
_____ Cape Cod Commission	\$15.00	_____ Special Permit	\$15.00
_____ Conservation Commission	\$15.00	_____ Site Plan	\$15.00
_____ Zoning Board of Appeals	\$15.00	_____ Preliminary Subdivision	\$15.00
_____ Licensing	\$15.00	_____ Definitive Subdivision	\$15.00
_____ Other _____			Inquire

(Please Specify)

*Please Note: Per MGL, 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: \_\_\_\_\_

Revised 1/21/17