



Assessors Office
29 Depot Street
Douglas, MA 01516
508-476-4000 X-253

REQUEST FOR CERTIFIED ABUTTERS LIST

(PLEASE PRINT)

Person making the request: _____

Property Owner: _____ Parcel ID: _____

Address/Location: _____

Phone Number or email address: _____

Is this a scenic road? ☐ Yes ☐ No

What is the meeting date for the Board/Commission you are appearing? _____

If you do not have a meeting date, please reach out to that Board/Commission before requesting an abutters list. Abutter's lists expire after 30 days.

When do you need the list by? _____

Choose a Department/Board:

☐ Board of Health (300')

☐ Board of Selectman (varies)

☐ Conservation Commission (100')

☐ Planning Board (300')

☐ Zoning Board (300')

☐ Other: _____
(Specify board & distance)

How would you like to receive your request?

☐ pick it up ☐ email (you print your own labels) ☐ email me the list but I will come pick it up also

Assessor's Block:

Abutter's lists are \$20.00 per department/board/parcel. Checks payable to Town of Douglas.

Amount due: _____ Paid: Yes ☐ No ☐ Payment method: _____