



**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: \_\_\_\_\_