

Office Use Only Received on:



Assessors Office
29 Depot Street
Douglas, MA 01516

REQUEST FOR CERTIFIED ABUTTERS LIST
(PLEASE PRINT)

Property Owner: _____ Parcel ID _____

Address/Location: _____ Date needed _____

Is this a scenic road? Yes: _____ No: _____

A certified abutters list is requested for the following Department/Board:

_____ Board of Health (300')

_____ Board of Selectman (varies)

_____ Conservation Commission (100')

_____ Planning Board (300')

_____ Zoning Board (300')

_____ Other: _____

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

****Please note Abutters List expire after one month****

Please be advised it may take up to 7 working days from the date the request is received to process.

Person Making the Request (please print)

Phone Number or email address