



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