



**ASSESSOR'S OFFICE**

#1 North Main Street

Otis, MA 01253

## Request for Abutters List

*Please complete this form and return to the Assessor's office for processing*

Date Received and Paid: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

**Purpose for Requesting Abutters List:**

\_\_\_ Board of Health – Direct Abutters

\_\_\_ Building Department – ZBA – 300 feet

\_\_\_ Conservation – 100 feet

\_\_\_ Planning Board - 300 feet

\_\_\_ Selectmen's Office Specific

Parcel: Owner's name: \_\_\_\_\_

Parcel: Map Number: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Parcel Address: \_\_\_\_\_

ADDITIONAL NOTES:

\_\_\_\_\_  
\_\_\_\_\_

FEE: \$10.00 to be paid upon submission  
\*\*\*\*\*Please allow up to 10 days per request\*\*\*\*\*