

# Town of Southborough Collector's Office Request for Tax Information

Name \_\_\_\_\_ Tel \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

**REAL ESTATE TAX:** Calendar Year = \_\_\_\_\_

Street Address of property \_\_\_\_\_

Parcel I.D. \_\_\_\_\_

Name in which property is assessed \_\_\_\_\_

(To be completed by Collectors Staff)

Date	Amount	Staff Initial
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL</b>	_____	_____

.....

**Motor Vehicle Excise Tax for Calendar Year** \_\_\_\_\_

Name of owner of Vehicle: \_\_\_\_\_

Fill in the Make (NOT model), Year, Plate # for each Vehicle

	Vehicle 1	Vehicle 2	Vehicle 3
Make/Year	_____	_____	_____
Plate #	_____	_____	_____
Payment Made	_____	_____	_____

**Please send form to: Collector's Office, 17 Common Street, Southborough, MA 01772**  
**PLEASE INCLUDE A STAMPED, SELF ADDRESSED ENVELOPE WITH YOUR REQUEST**