

Town of Southborough Collector's Office

Request for Tax Information - Today's Date: _____

Name _____ Phone _____

Check if Mail Preferred - Address: _____
PLEASE INCLUDE A STAMPED, SELF ADDRESSED ENVELOPE WITH YOUR REQUEST

Check if Email Preferred - Email: _____

Signature _____

REAL ESTATE TAX: Calendar Year - _____ Parcel I.D. _____

Street Address of Property _____

Name in which property is assessed _____

To be Completed by Collector's Staff:

Date _____	Amount _____
_____	_____
_____	_____
_____	_____
_____	_____

MOTOR VEHICLE EXCISE TAX: Calendar Year - _____

Name of Owner of Vehicle _____

Fill in the Make (NOT Model) & Plate Number for each Vehicle

	Vehicle 1	Vehicle 2	Vehicle 3
Make/Year	_____	_____	_____
Plate Number	_____	_____	_____

To be Completed by Collector's Staff:

Payment Made	_____	_____	_____
Payment Date	_____	_____	_____