

**Town of Franklin – Board of Assessors**  
355 East Central St  
Franklin, MA 02038  
Tel # 508-520-4920  
Fax # 508-520-4923

## **Abutters List Request Form**

***Please Note:*** A \$20.00 Fee PER PARCEL is required to process your request. Payment is due at the time of submission of this form. Please allow 10 days from the date of payment and submission of the form for the Assessors office to complete the processing of your request.

Date of Request \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Assessors Parcel ID # (12 digits) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Property Street Address \_\_\_\_\_

Distance Required From Parcel # listed above (**Circle One**) **500 300 100**  
(Note: if a distance is not circled, we cannot process your request)

Property Owner \_\_\_\_\_

Property Owner's Mailing Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Property Owner's Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Requestor's Name (if different from Owner) \_\_\_\_\_

Requestor's Address \_\_\_\_\_

Requestor's Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Office Use Only: Date Fee Paid \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Paid in Cash \$ \_\_\_\_.

Paid by Check \$ \_\_\_\_ Check # \_\_\_\_\_ Town Receipt # \_\_\_\_\_

RETURN TO CASEY