BOARD OF ASSESSORS

REQUEST FOR ABUTTERS LIST

APPLICANT INFORMATION: **NAME:** _____

ADDRESS: _____

_____

PHONE #: _____

REQUEST FOR ABUTTERS LIST OF PARCELS WITHIN _____ **FEET OF PROPERTY**

LOCATED AT_____

MAP _____ **BLOCK** _____ **LOT** _____

REASON FOR REQUEST: _____

_____

DATE OF REQUEST: _____

APPLICANT SIGNATURE: _____

AMOUNT DUE: $15.00

_____