



ASSESSING DEPARTMENT

195 MAIN STREET
MAYNARD, MA 01754
978-897-1304

ABUTTER'S LIST REQUEST

PROPERTY ADDRESS: _____

PARCEL ID: _____

Please Indicate USE OF LIST:

<input type="checkbox"/> PLANNING BOARD	<input type="checkbox"/> ZONING BOARD OF APPEALS
<input type="checkbox"/> CONSERVATION	<input type="checkbox"/> LIQUOR LICENSE
<input type="checkbox"/> SPECIAL PERMIT	<input type="checkbox"/> OTHER – Please describe: _____ _____

Requested by:

Phone # _____

Email: _____

Signature

Date

LIST WILL BE COMPLETED IN UP TO 10 DAYS FROM REQUEST.
FEE: \$25 Cash or Check Payable to the Town of Maynard