



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