

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 _____	_____	_____

Chapter 66, Section 10b - Request will be processed within ten days following receipt of the request
****May be subject to copy charges per page****