

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	_____	_____	_____