

TOWN OF PETERSHAM
Board of Assessors
PO Box 87
Petersham MA 01366
(978)-724-6658 FAX (978)-724-6660

REQUEST FOR CERTIFIED ABUTTERS LIST
Requires \$10 deposit

NOTICE: The Assessor's Office has 10 business days to act on a request. We will make every effort to process your request as quickly as possible, and WE will notify you by telephone when the list is ready for pick up.

Fees: \$10 for up to 25 parcels *\$20 for 25 or more parcels*
Mailing Labels are included.

"RUSH REQUESTS" UNDER THE 10 DAYS WILL BE CHARGED DOUBLED.

Date: _____ Requested by: _____ Phone#: _____

Please check the box for the Board you are requesting the Certified Abutters List:

- | | |
|--|---|
| <input type="checkbox"/> Board of Health | <input type="checkbox"/> Conservation Commission (100 feet) |
| <input type="checkbox"/> State Regulations {Immediate & Across Street} | <input type="checkbox"/> Owner |
| <input type="checkbox"/> Local Regulations {300 feet} | <input type="checkbox"/> Historic |
| <input type="checkbox"/> Liquor License {Immediate & across Street} | <input type="checkbox"/> Planning/Zoning (300 feet) |
| <input type="checkbox"/> RUSH (4 BUSINESS DAYS) | <input type="checkbox"/> 2nd set of mailing labels \$5.00 |

List of Property Owners notified in connection with Public Hearing on the petition of:

Owner's name: _____

For the premises located at **street address:** _____

Parcel ID: _____



To the Requesting Board/s:

We hereby certify the attached list, taken from our Real Estate Property Lists, includes the names and Addresses of all parties in interest under M.G.L. Ch. 40A, as amended to the best of our knowledge and belief.

Date Completed: _____ Signed: _____
Petersham Board of Assessors

Deposit/parcel charge: \$ _____
Charge for labels: \$ _____
Additional charge: \$ _____
Total due: \$ _____

Completed List received by: _____ Date: _____