



**ASSESSOR'S OFFICE
10 NICKERSON AVENUE
MIDDLEBOROUGH, MA 02346**

TELEPHONE (508) 946-2410

**PLEASE COMPLETE THIS FORM AND RETURN IT TO THE
MIDDLEBOROUGH ASSESSORS OFFICE**

REQUEST FOR PENALTY TAX AMOUNT UNDER
CHAPTER 61

OWNER NAME: _____

TELEPHONE # _____

LOCATION: _____

MAP & LOT: _____

Under Massachusetts General Laws 61 Section 7, I hereby request from the Board of Assessors a certificate of the amount of withdrawal penalty tax on the above referenced property. I am the owner of record and acknowledge that the Board of Assessors has 20 days to complete this request.

Signature

Date

For Office Use:

Date Notified: _____

- Telephone
- Mail
- In Person

Initials: _____