



TOWN OF LANCASTER BOARD OF ASSESSORS

Request for Certified Abutters List

SUBJECT PARCEL: ADDRESS: _____

MAP: _____ PARCEL: _____

CURRENT OWNER: _____

REQUESTER'S NAME: NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: _____

INTENDED USE: CHECK APPROPRIATE BOX

____ BOARD OF APPEALS (ZONING)

____ CONSERVATION

____ BOARD OF HEALTH

____ PLANNING BOARD

____ SELECT BOARD

____ OTHER: _____

CERTIFIED LIST SHOULD BE: CHECK APPROPRIATE BOX

____ EMAIL TO: _____

____ PICKED UP (WILL CALL WHEN READY)

____ MAILED TO OWNER (*Must include a self-addressed stamped envelope*)

____ MAILED TO REQUESTER (*Must include a self-addressed stamped envelope*)

____ OTHER: _____

DATE OF REQUEST

SIGNATURE OF REQUESTER

Please Note: The Assessors Office has 10 business days to act on a request for a Certified Abutters List. We will make every effort to process your request as quickly as possible.