



TOWN OF BOXFORD

REQUEST FOR TAX INFORMATION

Today's Date: _____

Taxpayer's Name: _____

Telephone #: _____

Real Estate Taxes on _____ for Calendar Year _____.
(Property Address)

\$ _____ Date Paid: _____

\$ _____ Date Paid: _____

\$ _____ Date Paid: _____

\$ _____ Date Paid: _____

Motor Vehicle Excise Taxes on _____ vehicles for Calendar Year _____.
(how many?)

Year/Make _____ \$ _____ Date Paid: _____

Year/Make _____ \$ _____ Date Paid: _____

Year/Make _____ \$ _____ Date Paid: _____

Year/Make _____ \$ _____ Date Paid: _____

Year/Make _____ \$ _____ Date Paid: _____

Year/Make _____ \$ _____ Date Paid: _____

Please check one:

- ☐ Please call (_____) _____ when ready.
- ☐ Please fax to (_____) _____.
- ☐ Please email to _____.
- ☐ Please mail in the attached self addressed stamped envelope.