



BOARD OF ASSESSORS

Town of Charlton
37 Main Street
Charlton, Massachusetts 01507
(508) 248-2233 v
(508-248-2376) f

Request for Certified Abutters List

Name _____ Date _____

Mail Address _____ City _____ State _____ Zip _____

Telephone# _____ *Cell _____

Date list required _____ Special instructions _____

Subject Property

Location _____ Map _____ Block _____ Lot _____

DEPARTMENT

FROM SUBJECT PROPERTY

_____ CONSERVATION	100 FT
_____ PLANNING BOARD	300 FT
_____ SELECTMAN – BEER WINE AND AUTO REPAIR	IMMEDIATE
_____ SELECTMAN – LICENSE CLASS 1, 2, 3	IMMEDIATE
_____ ZONING BOARD OF APPEALS	300 FT
_____ OTHER (PLEASE SPECIFY # FEET/DEPT) _____	

I understand that up to 5 days may be required for approval, and that there will be a minimum of **\$25.00** charge for each list prepared.

Special Instructions _____

Prepaid [] Pickup [] Email [] Fax # [] (detail) _____

US Mail [] _____ (Address if different from above)

Date required _____ Special notes _____

Signature _____