



Town of West Springfield

J. Edward Christian Municipal Office Building ~ 26 Central Street ~
West Springfield, MA 01089-2753 ~ Phone: (413) 263-3050 ~ Fax: (413) 263-3054

BOARD OF ASSESSORS

REQUEST FOR CERTIFIED LIST OF ABUTTERS

DATE: _____ REQUEST # _____

\$10.00 DEPOSIT REQUIRED AT FILING

(ALLOW A MINIMUM OF TWO (2) WORKING DAYS TO PREPARE)

Deposit: _____ Date Paid: _____ Cash Check

of Abutters _____ Balance Due: _____ Date Paid: _____ Cash Check

SUBJECT PROPERTY(S) #

FEE ~ ABUTTERS

OF PARCELS

1-10 ABUTTERS FEE \$10.00

OF PARCELS

11-20 ABUTTERS FEE \$20.00

OF PARCELS

21-50 ABUTTERS FEE \$30.00

OF PARCELS

51-100 ABUTTERS FEE \$35.00

(NO FAXES OR MAILED REQUESTS WILL BE HONORED WITHOUT PRIOR APPROVAL)

APPLICANT NAME: _____

ADDRESS: _____

TELEPHONE: _____

LOCATION OF PROPERTY: _____

PURPOSE OF REQUEST: _____

REQUESTED BY: LICENSE ____ PLANNING/ZONING ____ CONSERVATION: _____

SIGNATURE OF APPLICANT: _____

FOR BOARD OF ASSESSORS USE ONLY

NOTE

UNUSUAL REQUESTS THAT INVOLVE MANY PARCELS AND REQUIRE A SUBSTANTIAL AMOUNT OF TIME

****THE FEE WILL BE DETERMINED ON A CASE-BY-CASE BASIS****

NOTE: NO CERTIFIED LIST WILL BE RETURNED UNLESS FEE IS PAID IN FULL

BOARD OF ASSESSORS

Certified by