

DATE _____

DEPARTMENT _____

APPLICANT _____

OWNER: (IF DIFFERENT THAN APPLICANT) _____

PREVIOUS OWNER IF A RECENT PURCHASE _____

ASSESSOR MAP AND LOT NUMBER _____

STREET ADDRESS: _____

RESPONSE:

APPLICANT NOT DELINQUENT : _____ OWNER NOT DELINQUENT _____

APPLICANT IS DELINQUENT: _____ OWNER IS DELINQUENT _____

THIS OFFICE WILL ACT WITHIN 7 DAYS OF YOUR REQUEST.

RESPECTFULLY,

KATHLEEN HAYN BURTT
TAX COLLECTOR

PLEASE RETURN TO;

TAX COLLECTOR
557 MAIN STREET
BECKET, MA 01223