



Town of Fairhaven
Massachusetts
BOARD OF ASSESSORS
40 Center Street
Fairhaven, MA 02719

Ronnie Manzone, Chair
Pamela K. Davis, MAA, Member
Daniel Lane, Member

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ABUTTERS LIST REQUEST FORM

A \$25.00 Fee per request is required for preparation of the list. Payment is due at the time of submission of this form. Please allow 10 days from the submission of the form for the Assessors' office to complete the processing of your request. In conformance with MGL c40A §11, this information is needed so that an official abutters list as required, is used in notifying the abutters.

Date of Request: _____ / _____ / _____

Assessors Parcel ID: MAP _____ LOT _____

Property Address: _____

Distance Required from Parcel # listed above (Circle One): 500 300 100
(Note: if a distance is not circled, we cannot process your request)

Property Owner: _____

Property Owner's Mailing Address: _____

Town/City: _____ State: _____ Zip: _____

Property Owner's Telephone # _____ - _____ - _____

Requestor's Name (if different from Owner): _____

Requestor's Mailing Address: _____

Town/City: _____ State: _____ Zip: _____

Requestor's Telephone # _____ - _____ - _____

Requestor's Email: _____

Office Use Only: Date Fee Paid ___ / ___ / ___ Paid in Cash \$ _____

Paid by Check \$ _____ Check # _____ Town Receipt # _____