

REQUEST FOR CERTIFIED ABUTTERS LIST

(Please allow 7-10 business days to complete)

PROPERTY OWNER: _____

PROPERTY LOCATION: _____

ASSESSORS MAP & LOT #: _____

TYPE OF LIST REQUESTED:

1. ZONING BOARD & PLANNING BOARD
Within 300 ft.
2. CONSERVATION COMMISSION
Within 100 ft.
3. BOARD OF HEALTH
Immediate abutters and directly across the street

REQUESTED BY: _____

DATE OF REQUEST _____ PHONE # _____

COST: \$25.00

PAID BY: CHECK # _____ CASH: _____