

TOWN OF SOMERSET – COLLECTOR’S OFFICE

REQUEST FOR TAX PAYMENT INFORMATION

CALENDAR YEAR _____

Requested by/Mail to:

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone #: _____

(If you would like to pick up)

Signature Required

| REAL ESTATE | | | |
|-------------|--------------------|--------------------------|-------------------------------|
| Parcel ID: | Property Location: | Date Paid: Office Use | Total Tax Paid: Office Use |
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| MOTOR VEHICLE EXCISE | | | | | |
|--|-------|-------|----------|--------------------------|-------------------------------|
| <i>Due to the Drivers Privacy Protection Act, the only information we can supply is the total tax paid. No other information can be given without proper ID.</i> | | | | | |
| Owner: | Make: | Year: | Plate #: | Date Paid: Office Use | Total Tax Paid: Office Use |
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Please send completed form to: Collector’s Office, 140 Wood St., Somerset, MA 02726

You MUST include a SELF-ADDRESSED, STAMPED envelope with your request

Staff Initials: _____

Date Mailed: _____