



**ASSESSOR'S OFFICE  
10 NICKERSON AVENUE  
MIDDLEBOROUGH, MA 02346**

**TELEPHONE (508) 946-2410**

**PLEASE COMPLETE THIS FORM AND RETURN IT TO THE  
MIDDLEBOROUGH ASSESSORS OFFICE ALONG WITH A CHECK FOR  
\$6.00 MADE OUT TO THE "TOWN OF MIDDLEBOROUGH"**

REQUEST FOR PENALTY TAX AMOUNT UNDER  
CHAPTER 61 A

OWNER NAME: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

LOCATION: \_\_\_\_\_

MAP & LOT: \_\_\_\_\_

Under Massachusetts General Laws 61A Section 19A, I hereby request from the Board of Assessors a certificate of the amount of conveyance/rollback tax on the above referenced property. I am the owner of record and acknowledge that the Board of Assessors has 20 days to complete this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Office Use:

Date Notified: \_\_\_\_\_

- Telephone
- Mail
- In Person

Initials: \_\_\_\_\_