

THIS FORM IS TO BE COMPLETELY FILLED OUT BY OWNER/APPLICANT AND SUBMITTED TO TREASURER'S OFFICE FOR TAX VERIFICATION.

NOTICE TO TAX COLLECTOR

TO: Judy M. MacDonald, Treasurer, Collector
Town Offices – 20 Centre Street
Middleborough, MA 02346

FROM: Health Department

DATE: _____

Please inform this department as well as the Board of Selectmen, as to whether or not the following property owner/applicant/petitioner owes the Town of Middleborough any outstanding taxes and/or municipal charges that remain unpaid for more than one year.

Name of applicant/petitioner

Name of property owner

Address of location for permit use

Address of applicant/petitioner

Assessor's Map _____ Lot No. _____

DOES PROPERTY OWNER/APPLICANT/PETITIONER OWE TAXES/MUNICIPAL CHARGES? _____ (YES OR NO)