



*City of Marlborough*

**Office of the Assessors**

140 Main Street  
Marlborough, Massachusetts 01752

TDD (508) 460-3610

Phone: (508) 460-3779

Email: assessors\_dept@marlborough-ma.gov

Date of Application \_\_\_\_\_

**REQUEST FOR CERTIFIED LIST OF ABUTTERS**

You are requesting a certified list of Abutters, please allow up to 10 business days for the preparation of this list. The fee schedule is \$30 per certified abutters list.

*\*Please note that these fees apply to preparation of new list or verification or reverification of an existing list.*

**Parcel ID** \_\_\_\_\_

**Parcel ID** \_\_\_\_\_

Location(s) of Property \_\_\_\_\_

Applicant Name (please print) \_\_\_\_\_

Property Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_

Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_

**PLEASE NOTE: THIS ABUTTERS LIST IS VALID FOR THREE MONTHS**

**Please indicate Radius with a check**

\_\_\_\_\_ **DIRECT & ACROSS ABUTTERS**

\_\_\_\_\_ **100 Ft.**

\_\_\_\_\_ **300 Ft.**

\_\_\_\_\_ **400 Ft.**

\_\_\_\_\_ **500 Ft.**

\_\_\_\_\_ **OR** \_\_\_\_\_ **Ft.**

\_\_\_\_\_ **PLANNING**

\_\_\_\_\_ **ZONING**

\_\_\_\_\_ **LIQUOR LICENSE**

\_\_\_\_\_ **CONSERVATION COMMISSION**

\_\_\_\_\_ **HISTORICAL COMMISSION**

\_\_\_\_\_ **OTHER** \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**FOR ASSESSORS USE ONLY**

☐ PAID WITH THE APPLICATION

☐ PICK UP AND OWES \$30