



Town of Boylston/
Office of the Treasurer/Tax Collector
221 Main Street, Boylston, MA 01505
Phone 508-869-2972 Fax 508-869-6210
Email: ccox@boylston-ma.gov

INCOME TAX FILING- TAXES PAID REQUEST FORM

If you request the office to mail back tax paid information, please include a self-addressed stamped envelope. Extra postage is required for each four (4) statements requested. If no return envelope is enclosed, please provide your email address. The Tax Collector has ten (10) days to respond to these requests.

Date of Request: _____ Year(s): _____

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Please check:

_____ Both RE and MV Excise _____ RE only _____ MV Excise only

REAL ESTATE INFORMATION

Owner (if different than above): _____

Property Address (if different than above): _____

MV EXCISE TAX INFORMATION

Name(s) as it appears on registration: _____

Year /Make/ Model: _____ Registration Number: _____

Year /Make/ Model: _____ Registration Number: _____

Year /Make/ Model: _____ Registration Number: _____

Year /Make/ Model: _____ Registration Number: _____