

**BOARD OF ASSESSORS
TOWN OF WILBRAHAM**

240 Springfield Street
Wilbraham MA 01095

**John M. Wesolowski, Chairman
Lawrence G. LaBarbera, Assessor
Roger J. Roberge II, Assessor**



**Christopher Keefe MAA Principal Assessor
Phone: (413) 596-2800 Ext 209
Fax: (413) 596-2820**

PETITIONERS REQUEST FOR ABUTTERS LIST

The Assessors are required under Massachusetts General Law to certify abutters' lists within ten (10) business days of date requested. There is no charge for this service. *Upon request, the Assessors will create a certified list of abutters for Petitioners.* There is a fee for this service and a deposit of \$25.00 is required at time of request. Additional fees may be associated with this request and are due upon Petitioners receipt of the certified list. A certified list will include:

- Parcel Identification Numbers
- Parcel Location
- Other _____
- Owner name(s)
- Mailing Labels

Parcel Address: _____ Property Owner: _____

Map: _____ Block: _____ Lot: _____ Date of request: ___/___/___

Requested by: _____ Phone: (____) _____ - _____
Print Name Signature

REASON FOR LIST:

- Hearing before Zoning Board of Appeals []
- Hearing before Planning Board []
- Hearing before Conservation Commission []
- Hearing before Board of Selectmen []
- Other _____ []

REASON FOR HEARING:

- Variance []
- Special Permit []
- Subdivision []
- Wetlands []
- Other []

RADIUS FOR ABUTTERS:

100 Feet [] 300 Feet [] 500 Feet [] Adjacent [] Number of Sets of Labels Needed _____

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OFFICE USE ONLY

Number of Abutters Prepared: _____ Set of Labels: _____

Fee Charged: \$ _____

Deposit Amount: \$ 25.00 Date Paid: ___/___/___ Receipt # _____ Check # _____ / Cash

Amount Due: \$ _____ Date Paid: ___/___/___ Receipt# _____ Check: # _____ / Cash

Completed on: ___/___/___ Petitioner Notified on: ___/___/___ Via: ___ Phone ___ Email ___ Other _____