

MEMORANDUM

To: *Residents / Engineers, etc.*

From: *Donna Burton, Administrative Assessor*

Date: *July 30, 2008*

RE: *Abutters Notification*

You are requesting a abutters list for the Conservation Commission, Planning Board or Zoning Board you must submit a request in writing or you can obtain our form on-line at www.ashburnham-ma.gov; under Town Departments; Assessors; Downloadable Forms:

Request for a Certified List of Abutters

Once this request is received by the Assessor's Office, we can turn it around within a day or two depending on which Board you are requesting the list for.

There is a fee associated with the abutters' request, which is usually under \$5.00. The original abutters list is checked off in RED and MUST be given to the Board you are going in front of.

If you do not give the board the original list, they may reschedule your appointment. Please call if you need further assistance, 978-827-4100 ext. 111.

Thank you

Board of Selectmen
Ext. 109
Town Administrator
Ext. 122
Assistant to Administrator
Ext. 109
Town Accountant
Ext. 120
Town Clerk
Ext. 114
Tax Collector
Ext. 113
Treasurer
Ext. 112
Assistant Treasurer
Ext. 110
Board of Assessors
Ext. 111
Land Use Office
Ext. 115
Town Planner
Ext. 121



Cultural Council
Board of Health
Building Commission
Conservation Commission
Council on Aging
Electrical Inspector
Gas & Plumbing Inspector
Historical Commission
Municipal Planning
Parks & Recreation
Planning Board
Zoning Board of Appeals
Animal Control
Town Planner

TOWN OF ASHBURNHAM

Town Hall, 32 Main Street
Ashburnham, Massachusetts 01430
Phone (978) 827-4100
Fax: (978) 827-4105

Request for a Certified List of Abutters

TO: Ashburnham Board of Assessors

FROM: _____
Company Name/Owner Name

CONTACT: _____
Name

TELEPHONE: _____
Daytime Phone Number Cell Phone (Optional)

Please Check Name of Requesting Board:

ZBA: _____ Board of Health: _____ ComCom: _____ Planning Board: _____

I am requesting a Certified list of abutters for the property located at:

Owner Name: _____

Property Address: _____

Assessors Map _____ Parcel _____

Within 100 ft. _____ 300 ft. _____ (Check One)
Section to be verified by Assessors Office

Date needed by: _____

Comments:

Signature of Applicant

Date of request