

**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: \_\_\_\_\_ ConCom: \_\_\_\_\_ Planning Board: \_\_\_\_\_  
 (300 ft)                      (100 ft)                      (100 ft)                      (300 ft)

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