



Town of Ashland, *Office of Treasurer/Collector*

Date: _____

Requestor: _____

Please provide me with the following payment history information for Calendar Year _____

Real Estate Property Tax

Amount Paid

For office use

Location: _____

\$ _____

Excise Tax

Amount Paid

For office use

Name: _____ Reg# _____

\$ _____

Name: _____ Reg# _____

\$ _____

Name: _____ Reg# _____

\$ _____

Name: _____ Reg# _____

\$ _____

Name: _____ Reg# _____

\$ _____

Water & Sewer

Amount Paid

For office use

Location: _____

\$ _____

Use reverse if more space is needed

ALL INFORMATION MUST BE FILLED OUT OR REQUEST WILL NOT BE FULFILLED

You may pick this request up, have it emailed, or leave a SASE if you wish it to be mailed

CONTACT PERSON: _____ Phone# _____

EMAIL ADDRESS: _____

