Print Form

Town of Tyngsborough

Office of the Town Collector & Parking Clerk

25 Bryants Lane - Tyngsborough, Massachusetts 01879-1042
Phone: (978) 649-2300, Ext. 127 / Fax: (978) 649-2327
Gene R. Spickler, CMMC – Collector & Parking Clerk
E-mail: gspickler@tyngsboroughma.gov

INCOME TAX FILING – TAXES PAID REQUEST FORM

There is a minimal charge of **$0.50 per statement** for each vehicle, property and year requested.
Please include a **Self Addressed Stamped Envelope** if you want the information mailed.
(Extra postage required for each four (4) statements requested.)
FAX: There is a $1.00 charge per page in addition to the .50 per statement page.
(We will respond to your request as soon as time permits, however, we do have ten (10) days to respond to this request.)

Date of Request: _____ Year(s): _____

Name (Last, First): _____

Address: _____

Phone #: _____ (In case there is a question about your request.)

Please Circle Information Needed: ☐ **Both RE & MV** ☐ **RE Only** ☐ **MV Excise Only**

REAL ESTATE TAX INFORMATION

Owner (If different than above): _____

Property Address(s) (If different than above): _____

MV EXCISE TAX INFORMATION

If different than above: (spouse, child, leasing co.)
Name (as it appears) on Registration: _____

Name (as it appears) on Registration: _____

Name (as it appears) on Registration: _____

Model Year / Make: _____ License Plate #_____

Model Year / Make: _____ License Plate #_____

Model Year / Make: _____ License Plate #_____

Model Year / Make: _____ License Plate #_____

Model Year / Make: _____ License Plate #_____

Model Year / Make: _____ License Plate #_____