

**ASSESSORS OFFICE
ABUTTERS LIST REQUEST FORM**

DATE REQUESTED: _____
(Lists will be available within 10 days of receipt of request.)

PROPERTY
LOCATION: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

REASON FOR ABUTTERS LIST: _____

For office use only:

DC _____ DPU _____ CH _____ NR _____

FEE FOR ABUTTERS LIST: \$20.00 for first 20 entries or less and
\$ 1.00 per entry above 20 entries.