TOWN OF WESTFORD
OFFICE OF THE ASSESSORS
55 Main Street
WESTFORD, MA 01886
(978) 692-5504 FAX (978) 399-2556

REQUEST FOR CERTIFIED ABUTTERS LIST
Requires $10 deposit

NOTICE: The Assessors Office has 10 business days to act on a request for C.A.L.
We will make every effort to process your request as quickly as possible
And WE will notify you by telephone when the list is ready for pick up.

Fees: **$10 for up to 25 parcels** **$20 for 25 or more parcels**
Mailing Labels - $5 per sheet (30 labels/sheet)

"RUSH REQUESTS" WILL BE CHARGED DOUBLED.

Date: _____ Requested by: _____ Phone#: _____

Please check the box for the Board you are requesting the Certified Abutters List:

☐ **Board of Health**
- ☐ State Regulations {Immediate & Across Street}
- ☐ Local Regulations {300 feet}

☐ **Conservation Commission** (100 feet)

☐ **Liquor License** {Immediate & across Street}

☐ **Planning/Zoning** (300 feet)

☐**RUSH** (4 BUSINESS DAYS)

☐ (2) sets of **mailing labels**

List of Property Owners notified in connection with Public Hearing on the petition of:

Owner's name: _____

For the premises located at **street address**: _____

Map & Parcel ID: _____ relative to obtaining desirable relief from the Zoning Bylaw Of the Town of Westford.

To the Requesting Board/s:
We hereby certify the attached list, taken from our Real Estate Property Lists, includes the names and Addresses of all parties in interest under M.G.L. Ch. 40A, as amended to the best of our knowledge and belief.

Date Completed: _____ Signed: _____
Westford Board of Assessors

Deposit/parcel charge: $_____ _____
Charge for labels: $_____
Additional charge: $_____
Total due: $_____ _____

Completed C.A.L. received by: _____ Date: _____