

Town of Sterling Collector's Office Request for Tax Information

Name _____ Tel _____

Address _____

Signature (required) _____

<input type="checkbox"/> Real Estate Tax - for Calendar Year _____
Street address of property _____
Parcel Id _____
EXACT name in which property is assessed _____

(To be completed by Collector's Office Staff)

Date	Amount	Staff Initial

.....

<input type="checkbox"/> Motor Vehicle Excise Tax for Calendar Year _____																						
Exact name of owner of vehicle(s): _____																						
You must fill out a separate request for each vehicle owner. Send in one envelope.																						
Fill in the Make (NOT MODEL), Year, Plate #, Purchase Date for each Vehicle																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"> </th> <th style="width: 15%;">Vehicle #1</th> <th style="width: 15%;">Vehicle #2</th> <th style="width: 15%;">Vehicle #3</th> <th style="width: 10%;">Staff Init</th> </tr> </thead> <tbody> <tr> <td>Make & Year</td> <td> </td> <td> </td> <td> </td> <td rowspan="4" style="vertical-align: middle; text-align: center;"> </td> </tr> <tr> <td>Plate #</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Purchase Date</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Payment Made</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Vehicle #1	Vehicle #2	Vehicle #3	Staff Init	Make & Year					Plate #				Purchase Date				Payment Made			
	Vehicle #1	Vehicle #2	Vehicle #3	Staff Init																		
Make & Year																						
Plate #																						
Purchase Date																						
Payment Made																						

Please send completed form to: Collector's Office, 1 Park Street, Sterling, MA 01564

**YOU MUST INCLUDE A STAMPED, SELF-ADDRESSED
ENVELOPE WITH YOUR REQUEST.**