

Town of Holden Collector's Office Request for Tax Payment Information

Name _____ Tel _____

Address _____

Signature (required) _____

<input type="checkbox"/> Real Estate Tax - for Calendar Year _____
Street address of property _____
Parcel Id (may be found on Assessors' Web Site) _____
EXACT name in which property is assessed _____

(DO NOT write in boxes with gray areas. To be completed by Collector's Office Staff)

Date	Amount	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

	Vehicle #1	Vehicle #2	Vehicle #3	Staff Init
Make & Year				
Plate #				
Year of Purchase				
Payment Made				

Please send completed form to: Collector's Office, 1204 Main St., Holden, MA 01520

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