



BOARD OF ASSESSORS

TOWN OF CHARLTON
37 MAIN STREET
CHARLTON, MASSACHUSETTS 01507
(508) 248-2233 v
(508-248-2376) f

Request for Certified Abutters List

Property owner name _____ Date _____

Mail Address _____ City _____ State _____ Zip _____

Telephone# _____ Cell # _____ Fax # * _____

Subject property location _____ Map _____ Block _____ Lot _____

DEPARTMENT REQUESTING ABUTTERS

DISTANCE FROM SUBJECT

_____ CONSERVATION	100 FT
_____ PLANNING BOARD NOTICE OF INTENT	300 FT
_____ SELECTMAN – BEER WINE AND AUTO REPAIR	IMMEDIATE
_____ SELECTMAN – LICENSE CLASS 1, 2, 3	IMMEDIATE
_____ ZONING BOARD OF APPEALS	300 FT

_____ **OTHER (PLEASE SPECIFY ALL DETAIL NECESSARY TO IDENTIFY)**

Special Instructions _____

I understand that up to 5 days may be required for approval, and that there will be a minimum of \$25.00 for each list prepared.

Prepaid [] Pickup [] Fax # [] *See Above

US Mail [] _____ (address if different from above)

Date required _____ Special mail instruction _____

Signature _____ Prepared by _____