



TOWN OF CHARLTON
OFFICE OF THE TREASURER/COLLECTOR

Request for Tax Payment Information

Name _____ Tel _____

Address _____

Signature (required) _____

Call for pickup _____ Mail _____ (SASE enclosed)

Real Estate Tax for Calendar Year _____

Street address of property _____

Parcel Id (Town web site, Assessor's link, click on property values) _____

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

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 #, for each Vehicle

	Vehicle #1	Vehicle #2	Vehicle #3	
Make & Year				
Plate #				
Amount of Payment				Staff Initial

Please send completed form to: Collector's Office, 37 Main St., Charlton, MA 01507

Please note this is a request for public records and we have 10 business days to complete from the date of receipt.