

Town Of Manchester By The Sea Collector's Office
Request For Tax Information

Name _____ Tel _____

Address _____

Signature (required) _____

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

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, and Plate # for each Vehicle				
	Vehicle #1	Vehicle #2	Vehicle #3	Staff Initial
Make & Year				
Plate #				
Payment Made				

Please send completed form to: Collector's Office, 10 Central St., Manchester, Ma. 01944. **YOU MUST INCLUDE A STAMPED, SELF-ADDRESSED ENVELOPE WITH YOUR REQUEST.**