Form 5



TOWN OF MASHPEE BOARD OF ASSESSORS

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Received by BOA:
Updated: 3/7/2013

REQUEST FOR ABUTTERS LIST

Please note that the Assessing Dept. will respond to this request within ten (10) business days. MAP ____ PARCEL ___ EXT ____ ABUTTERS TO: ADDRESS OF SUBJECT PARCEL: Check box if abutters list is for the Cape Cod Commission: □ Check box if abutters list is for a Liquor License: □ Business Name: _______ ★ PLEASE CHECK THE TYPE OF ABUTTERS LIST THAT YOU ARE REQUESTING: (Refer to requirements of the regulating authority requiring abutters list.) ☐ DIRECT ABUTTERS – Directly adjacent to subject parcel and visible from across the street \square Parcels within A: \square 100 foot // \square 300 foot // \square (other) radius of subject ☐ OTHER TYPE (SPECIFY) ______ ■ ALL ABUTTERS LISTS ARE PRINTED WITH A MAP ON 8 ½ x 11 PAPER ► • Standard mailing labels of abutters are available for a charge of \$1.00 per a full or partial page. LABELS _____ (YES or NO) NUMBER OF SETS OF LABELS _____ NAME: REQUESTED BY: (PLEASE PRINT) ADDRESS: ______ PHONE: DATE: _____ SIGNATURE: FEES: BASIC ABUTTERS LIST (one subject parcel) \$5.00 - FOR OFFICE USE ONLY -MAILING LABELS ____ \$1.00 PER PAGE COMPLEX ABUTTERS LIST (multiple subject parcels) **\$10.00 - \$50.00** (varies by processing time)

TOTAL AMOUNT DUE: \$

Fee structure based on state guidelines for record production and copy costs.