

TOWN OF BELMONT
ASSESSORS' OFFICE

REQUEST FOR TAX APPORTIONMENT
PLEASE PRINT

Date: _____

I am requesting an apportionment of the real estate tax bill for the property located at _____, Belmont, MA, for Fiscal Year 20_____, for

the (please check): preliminary tax bill actual tax bill

This property was converted into condominiums in 20_____.

*Enclosed please find the following copies:

- First page of Master Deed showing recorded date.
- Page stating square footage of individual units.
- Page stating the common interest area for each unit.
- First page of unit deed(s) indicating names of unit owner(s).

Requested by: _____

Mailing (Street) Address: _____

City: _____

State: _____

Zip Code: _____

Telephone #: Home _____

Work _____

Signature: _____

If you have any questions, please contact the Assessors' Office at 617-993-2630.

Please return completed form to: Assessors' Office
Town of Belmont
19 Moore Street
PO Box 56
Belmont, MA 02478

*These documents are not absolutely necessary but may expedite the process of the apportionment letter, as well as verifying the names of the new unit owners.

FOR OFFICE USE ONLY

Map_____ Parcel_____ Suffix_____ Unit_____

Processed by:_____ Date:_____