

INCOME TAX INFORMATION REQUEST

All requests must be submitted in writing and accompanied by a cash, check, or money order payment to satisfy the \$2.00 fee for each vehicle, property, and year requested.

Name: _____

Today's Date: _____ Year(s) Requested: _____

Real Estate Tax

Property Addresses: _____

Names of Homeowners (*if different than above*): _____

Excise Tax

Registration/License Plate #'s: _____

Names of Vehicle Owners / Leasing Company (*if different than above*): _____

How would you like to receive this information?

Office Pick Up (please provide contact number): _____

E-mail: _____

Fax: _____

Mail: Include a self-addressed stamped envelope with this form.

PLEASE COMPLETE FORM AND RETURN TO:

TREASURERS OFFICE
TOWN OF BELMONT
19 MOORE ST
PO BOX 56
BELMONT, MA 02478
Fax: 617-993-2771
E-mail: Treasurers@belmont-ma.gov