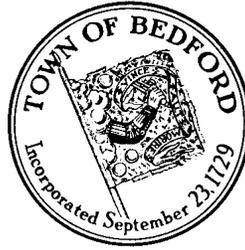


BOARD OF ASSESSORS



**TOWN HALL
10 MUDGE WAY
BEDFORD, MA 01730
TEL. 781-275-0046
FAX 781-275-0809**

Abutters List Request

For Submission to the _____ Board/Committee/Commission

Date _____

Applicant Name _____

Address _____

Daytime Phone No. _____

Property Location _____

Property Owner _____

Parcel ID: Map _____ Parcel _____

Special Instructions:

Pursuant to Massachusetts General Law, I hereby certify that the names and addresses of the attached list of parcels are as they appear on the most recent applicable tax list.

Certified by: _____

For the Board of Assessors

Fee: \$15

Paid _____

Date