



**Town of Sutton Treasurer/Collector's Office
Request for Tax Information**

Name: _____ Telephone: _____

Mailing Address: _____

Signature (required): _____

<input type="checkbox"/>	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)

<u>Date</u>	<u>Amount</u>	<u>Staff Initials</u>

<input type="checkbox"/>	Motor Vehicle Excise Tax for Calendar Year _____
Exact name of owner of vehicle(s): _____	
<small>** You must fill out a separate request for each vehicle owner.</small>	

Fill in the Make, Model Year, and Plate #for each vehicle you are requesting information on.

	<u>Vehicle # 1</u>	<u>Vehicle # 2</u>	<u>Vehicle # 3</u>	<u>Vehicle # 4</u>	<u>Staff Initials</u>
Make					
Year					
Plate #					
Payment Made					

Please send complete form to: Treasurer/Collector's Office, 4 Uxbridge Road, Sutton MA 01590-1720
YOU MUST INCLUDE A STAMPED, SELF-ADDRESSED ENVELOPE WITH YOUR REQUEST.