



Department of Finance
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Town Collector

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INCOME TAX RESEARCH COLLECTOR'S OFFICE

YEAR* _____

REAL ESTATE TAX

Owners* _____
Address* _____
Parcels* _____
Parcels (cont'd) _____
Parcels (cont'd) _____

Total Real Estate Paid \$ _____

AUTO EXCISE

	Registration #*	Amount Paid
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

UTILITY

Account #* _____ Amount Paid _____
Account #* _____ Amount Paid _____

Phone #* _____
E-Mail** _____

***REQUIRED FIELD**
****E-mail address is required for a timely response**