



Town of Dighton, Massachusetts

TAX STATUS APPLICATION FORM

In order to process your application request efficiently and promptly we ask that you provide us with the following information. **One form must be filled out completely for each parcel(s) owned by you and any other parties involved.**

Date of request: _____

Requested by:

Name: _____

Address: _____

Telephone Number: _____

Assessed Owner: _____

Current Owner: _____

(If different from the Assessed owner)

Scope of Work: _____

Property Address: _____

To Be Completed and Initialed by the Assessors Office

Assessor's Reference (M&L): ____ - ____ - ____

If a developer or contractor is involved in this project then this section must be completed.

Contractor/Business Name _____ Business ID _____

Business Address _____ Phone Number _____

Contact person _____

(SIGNATURE REQUIRED TO COMPLETE TAX STATUS)

I hereby attest that all the information provided herein is true and complete to the best of my knowledge.

_____ Petitioner

For Office use only: _____

Tax Office Initials _____

Real Estate Amt. Due _____

Personal Property Amt. Due _____

Motor Vehicle Amt. Due _____

Tax Title Amt. Due _____

Please Note: You must contact the office that is requesting the Tax Status Report for any questions or information relating to this form.