



# 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 of Building & Land:** \_\_\_\_\_

**Current Owner:** \_\_\_\_\_

**(If different from the Assessed owner building & land)**

**Personal Property Owner:** \_\_\_\_\_  
Business name \_\_\_\_\_

**Personal Property Bill #** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

### To Be Completed and Initiated by the Assessors Office

**Chapter Land**  Yes  No

**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 \_\_\_\_\_

Sewer 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.