

**TOWN OF WEST STOCKBRIDGE
ASSESSOR'S OFFICE
21 STATE LINE ROAD
WEST STOCKBRIDGE, MA 01266**

REQUEST FOR CERTIFIED ABUTTERS LIST

PROPERTY LOCATION: _____

MAP/BLOCK/LOT: _____

PROPERTY OWNERS: _____

_____ BOARD OF HEALTH – DIRECT ABUTTERS

_____ BUILDING DEPARTMENT – ZBA – 300 FEET

_____ CONSERVATION – 100 FEET

_____ PLANNING BOARD – 300 FEET

_____ SELECTMEN'S OFFICE SPECIFIC

*** PLEASE ALLOW UP TO 10 DAYS PER REQUEST***

CONTACT INFORMATION: _____

PHONE NUMBER: _____

FEE: \$10.00 TO BE PAID UPON SUBMISSION OF REQUEST

DATE RECEIVED/PAID: _____

**PLEASE COMPLETE THIS FORM AND RETURN IT TO THE ASSESSOR'S
OFFICE FOR PROCESSING. THANK YOU!**