

# Town of Spencer Collector's Office Request for Tax Payment Information

Name \_\_\_\_\_ Tel \_\_\_\_\_

Address \_\_\_\_\_

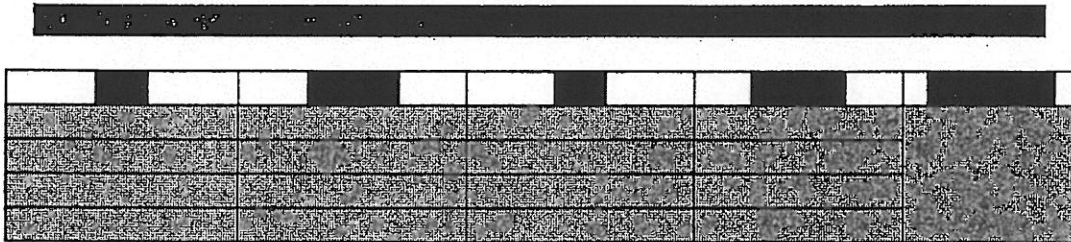
Signature (required) \_\_\_\_\_

**Real Estate Tax - for Calendar Year \_\_\_\_\_**

Street address of property \_\_\_\_\_

Parcel Id (may be found on Assessors' Web Site) \_\_\_\_\_

EXACT name in which property is assessed \_\_\_\_\_



**Motor Vehicle Excise Tax for Calendar Year \_\_\_\_\_**

Exact name of owner of vehicle(s): \_\_\_\_\_  
You must fill out a separate request for each vehicle owner. Send in one envelope.

Fill in the Make (NOT MODEL), Year, Plate #, Purchase Date for each Vehicle				
	Vehicle #1	Vehicle #2	Vehicle #3	
Make & Year				
Plate #				
Year of Purchase				

Please send completed form to: Collector's Office, 157 Main St., Spencer, MA 01562

**YOU MUST INCLUDE A STAMPED, SELF-ADDRESSED ENVELOPE WITH YOUR  
REQUEST.**