



TOWN OF HATFIELD
MASSACHUSETTS
MEMORIAL TOWN HALL
OFFICE OF THE TOWN TREASURER / COLLECTOR
59 Main Street
Hatfield, MA 01038

Request for Tax Information

Name: _____ Telephone: _____

Mailing Address: _____

Signature (required): _____ Email: _____

<p>Real Estate, Water/Sewer, Excise Tax for Calendar Year : _____</p> <p>Street Address of Property: _____</p> <p>Parcel ID: _____ Owner name(s) of property/vehicle(s): _____</p> <p>Owner name(s) cont. _____</p>
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How do you want requested information returned? ___ Phone ___ Email ___ Mail
Remember to include a self-addressed stamped envelope if you want information mailed.

To be completed by Town Treasurer / Collector's office

REAL ESTATE PAYMENTS

DATE:	AMOUNT PAID	NOTES

WATER/SEWER PAYMENTS

DATE:	AMOUNT PAID	NOTES

EXCISE PAYMENTS

	VEHICLE #1	VEHICLE #2	VEHICLE #3	VEHICLE #4	VEHICLE #5
YEAR/BILL#					
MAKE					
YEAR					
REGISTRATION					
AMOUNT PAID					

Please send completed form to: Treasurer/Collector's Office, 59 Main Street, Hatfield, MA 01038
Chapter 66, Section 10b – Request will be processed within 10 days following receipt of the request.