REQUEST FOR ABUTTER'S LIST

DATE REQUESTED: _____

LOCATION OF
SUBJECT PROPERTY: _____

REQUEST FOR ABUTTERS
WITHIN ***HOW MANY*** FEET
OF SUBJECT PROPERTY? **100 FEET**

PURPOSE FOR
ABUTTERS LIST: **CONSERVATION APPLICATION**

NAME OF PERSON(S)
REQUESTING ABUTTERS _____
LIST:

SIGNATURE: _____

TELEPHONE NUMBER: _____

FOR ASSESSORS USE ONLY

ABUTTERS LIST
COMPLETED BY: _____

DATE COMPLETED: _____

PARCEL ID OF SUBJECT
PROPERTY: _____

AMOUNT DUE: _____

ASSESSOR'S SIGNATURE: _____