

# Town of North Brookfield 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 \_\_\_\_\_

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

Make & Year

Plate #

Vehicle #2

Make & Year

Plate #

Vehicle #3

Make & Year

Plate #

Vehicle #4

Make & Year

Plate #

Please send completed form to : Collector's Office

P.O. Box 363

North Brookfield, Ma 01535

**YOU MUST INCLUDE A STAMPED SELF-ADDRESSED  
ENVELOPE ALONG WITH YOUR CHECK FOR \$25.00  
MADE OUT TO THE TOWN OF NORTH BROOKFIELD**