TOWN OF BILLERICA COLLECTOR'S OFFICE

REQUEST FOR YEARLY TAX PAYMENT INFORMATION

Name: _____ Telephone: _____

Address: _____

Signature: _____

☐ **Request for Real Estate Tax Payment Information**

COST: $4.00 per statement per calendar year.

Calendar Year(s) Requested: _____

Parcel ID: _____
(may be found on Assessors' Web Site or Tax bill)

EXACT name in which property is assessed: _____

☐ **Request for Motor Vehicle Excise Tax**

COST: $.50 per registration/plate number.

Calendar Year(s) Requested: _____

EXACT name of owner of vehicle(s): _____

Fill in the REGISTRATION/PLATE NUMBER for each vehicle.

	Vehicle #1	*Vehicle #2*	*Vehicle #3*	*Vehicle #4*
Registration/Plate No.				

	Vehicle #5	*Vehicle #6*	*Vehicle #7*	*Vehicle #8*
Registration/Plate No.				

Please send completed form to: **Town of Billerica**
Tax Collector's Office
365 Boston Road, Room 113
Billerica, MA 01821

If you have questions, please call: **978-671-0920**

ALL FORMS MUST INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE

Payment must be in the form of check, money order or certified bank check. Cash will be accepted for all transactions taking place in the Tax Office.