

OFFICE OF
BOARD OF ASSESSORS



MUNICIPAL CENTER
4 Uxbridge Road
Sutton, MA 01590-1702
Telephone (508) 865-8722
Fax (508) 865-8721

Request for Abutters List

Date of Request: _____

Date List Needed: _____

Requested by: _____

Phone: _____

Name of Property Owner: _____

Street Address of Property: _____

Map: _____

Parcel: _____

Lot: _____

REASON FOR LIST:

Hearing before the Board of Health Yes _____ No _____

Hearing before the Conservation Commission Yes _____ No _____

Hearing before the Planning Board Yes _____ No _____

Hearing before the Select Board Yes _____ No _____

Hearing before the Zoning Board of Appeals Yes _____ No _____

Other: _____

REASON FOR HEARING - (please check)

Pole Hearing _____ Scenic Road _____ Site Plan _____ Special Permit _____

Subdivision _____ Title 5 _____ Variance _____ Other _____

RADIUS FOR ABUTTERS - (please check one)

Direct _____ 100 Feet _____ 300 Feet _____ Other _____

LABELS

Two Sets of Labels will be provided Yes _____ No _____
(Pole Hearing requires only One Set)