



**TOWN OF OAK BLUFFS
ASSESSING DEPARTMENT**

56 School Street
P.O. Box 1327
Oak Bluffs, MA 02557
508-693-3554
Ext. 104

CERTIFIED ABUTTERS LIST REQUEST

Name of person requesting list: _____

Phone : _____

Abutters to (subject property): Map _____ Parcel _____

Street address of subject property: _____

**IF YOU NEED ASSISTANCE IN DETERMINING HOW MANY SETS OF LABELS YOU
NEED, OR THE TYPE OF ABUTTERS LIST TO REQUEST, PLEASE CONTACT THE
DEPARTMENT REQUIRING THE ABUTTERS LIST FOR CLARIFICATION.**

Sets of Label _____

Type of List, Check One:

_____ Properties within 300'

_____ Direct abutters (includes properties across the street)

_____ Immediate abutters (includes only properties with a common property line)

_____ Other (specify) _____

FEE: \$30 for up to 2 sets of labels
\$35 for up to 4 sets of labels

Application must be complete, and fee submitted before it will be processed.
Prepaid envelope will be required if Abutters List is to be mailed.