

TAX INFORMATION REQUEST

All requests must be submitted in writing or typed.

Name: _____

Today's Date: _____ Year(s) Requested: _____

Real Estate Tax

Property Addresses: _____

Names of Homeowners (*if different than above*): _____

Excise Tax

Registration/License Plate #'s: _____

Names of Vehicle Owners / Leasing Company (*if different than above*): _____

How would you like to receive this information?

Office Pick Up (please provide contact number): _____

E-mail: _____

Mail: Include a self-addressed stamped envelope with this form.

Access to copies of Tax Bills are as well available on
City Hall Systems at <https://epay.cityhallsystems.com/>
when you sign up for an account

PLEASE COMPLETE FORM AND RETURN TO: TREASURERS OFFICE
TOWN OF BELMONT
19 MOORE ST
PO BOX 56
BELMONT, MA 02478
Phone: 617-993-2770
E-mail: Treasurers@belmont-ma.gov