



CITY OF TAUNTON
MASSACHUSETTS
Office of the Treasurer/Collector

Christine M Clymens
Treasurer/Collector

15 Summer Street
Taunton, MA 02780

Telephone (508) 821-1054
FAX (508) 821-1007

TAX STATUS APPLICATION FORM

In order to process your application request efficiently and promptly we ask that you provide us with the following information. One form must be filled out completely for each parcel(s) owned by you and any other parties involved.

\*Required fields must be completed before sending to the Tax Office

\*Date of request: \_\_\_\_\_

\*Current Property Owner: \_\_\_\_\_

\*Property Address: \_\_\_\_\_

\*Assessor's Map & Lot: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

o Is this a new subdivision? \_\_\_\_\_

o Is this a condo conversion? \_\_\_\_\_

If a developer or contractor is involved in this project then this section must be completed.

Contractor/Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact person: \_\_\_\_\_

(SIGNATURE REQUIRED TO COMPLETE TAX STATUS)

I hereby attest that all information provided herein is true and complete to the best of my knowledge.

\_\_\_\_\_ Owner

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City Department should email this form to taxoffice@taunton-ma.gov once completed

For office use only: Tax office rec'd & Initials \_\_\_\_\_

Real Estate \_\_\_\_\_ Due \_\_\_\_\_

Tax Title \_\_\_\_\_ Due \_\_\_\_\_

Please Note: You must contact the office that is requesting the Tax Status Report for any questions or information relating to this form.