

Lisa M. Troast
Treasurer/Collector



OFFICE OF THE
TREASURER/COLLECTOR

UXBRIDGE TOWN HALL
21 SOUTH MAIN STREET
UXBRIDGE, MA 01569-1326
508-278-8600

REQUEST FOR PRIOR CALENDAR YEAR TAXES PAID

Mail or Fax request to: 508-526-0290 or 508-526-0288

Date: _____

Year Ending: _____
(12/31/XXXX)

Check all that apply:

- Real Estate Taxes
- Motor Vehicle Excise Taxes

Real Estate Information needed:

Assessed Owner 1: _____
 Property Address 1: _____
 Assessed Owner 2: _____
 Property Address 2: _____

(For Official Use Only)
Annual Amt Paid

Excise Information Needed:

Vehicle 1

Registered Owner: _____
 License Plate Number: _____
 Year and Make of Vehicle: _____

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Vehicle 2

Registered Owner: _____
 License Plate Number: _____
 Year and Make of Vehicle: _____

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Vehicle 3

Registered Owner: _____
 License Plate Number: _____
 Year and Make of Vehicle: _____

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Vehicle 4

Registered Owner: _____
 License Plate Number: _____
 Year and Make of Vehicle: _____

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Please Check One:

- Call to leave message with total paid-phone number: _____
- Fax to number: _____
- Email to: _____
- Mail to Address: _____

(self-addressed stamped envelope required for this option)

NOTE: This request may take up to 10 business days to process

Request Completed by: _____	Date: _____
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