

61	61A	61B
Assessors Use only		
Date Received		
Application No.		

Revised 6/2015

Town of Blandford

Return to:

Name of City or Town

Board of Assessors, Town of Blandford
1 Russell Stage Road, Suite 4
Blandford, MA 01008

Application to Modify a Decision
Abate a Tax

Email: assessors@townofblandford.com
Tel: (413) 848-4279, ext. 200
Fax: (413) 848-0908

Classified Forest-- Agricultural or Horticultural -- Recreational Land
General Laws Chapters 61, § 3 - Chapter 61A, § 19 – Chapter 61B, § 14

INSTRUCTIONS: Complete all sections. Please print or type.

A. TAXPAYER INFORMATION.

Name of Applicant(s):	_____
Mailing Address:	_____
Telephone Number:	_____

B. PROPERTY IDENTIFICATION.

Location	Parcel Identification (Map-Block-Lot)	Deed Reference (Book & Page/Cert. No.)	Total Acres	Acres to be Classified

TYPE OF CLASSIFICATION Forest Agricultural or Horticultural Recreational

C. ACTION SOUGHT. Check the action you are seeking from the assessors and provide the requested information.

MODIFICATION

ABATEMENT

<p>Type of Decision: Disallowance of Application <input type="checkbox"/></p> <p>Other (Specify) _____</p> <p>Date of Decision _____</p> <p>Date You Received Decision Notice _____</p> <p>Reason for Modification _____</p>	<p>Type of Tax: Land <input type="checkbox"/></p> <p>Conveyance <input type="checkbox"/> Roll-back <input type="checkbox"/></p> <p>Date/FY Assessed _____</p> <p>Date You Received Tax Bill _____</p> <p>Reason for Abatement _____</p>
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D. SIGNATURE. Sign here to complete the application.

Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this application and all accompanying documents and statements are true, correct and complete.

Your signature

Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.

DISPOSITION OF APPLICATION (ASSESSORS USE ONLY)

GRANTED <input type="checkbox"/>	DENIED <input type="checkbox"/>	Reason _____
Date Voted/Denied _____	_____	_____
Date Notice Sent _____	_____	Board of Assessors
Appeal _____	_____	_____
Date Filed _____	_____	_____
Decision _____	_____	_____
Settlement _____	_____	Date _____

THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF ANY TAX. TO AVOID ANY LOSS OF APPEAL RIGHTS OR ADDITION OF INTEREST OR OTHER COLLECTION CHARGES, THE TAX SHOULD BE PAID AS ASSESSED.