



TOWN OF HOLDEN
MASSACHUSETTS
OFFICE OF THE TREASURER & COLLECTOR

LAURIE GAUDET,
TREASURER & COLLECTOR

Request for Tax Payment Information

Name _____ Tel _____

Address _____

Signature (required) _____

Call for pickup _____ Mail _____ (Self-Addressed Stamped Envelope enclosed)

Email _____ to email address _____

Fax _____ to fax number _____

Real Estate Tax for Calendar Year _____

Street address of property _____

Parcel ID (may be found on Assessors' Web Site) _____

Exact name of assessed property owner _____

(DO NOT write in boxes with gray areas. To be completed by Collector's Office Staff)

Date Paid	Amount	Date Paid	Amount	Staff Initial

Motor Vehicle Excise Tax for Calendar Year _____

Exact name of owner of vehicle(s): _____

You must fill out a separate request for each vehicle owner. Send in one envelope.

Fill in the Make (NOT MODEL), Year, Plate #, for each Vehicle

	Vehicle #1	Vehicle #2	Vehicle #3	Staff Initial
Year & Make				
Plate #				
Amount Paid				

Please send completed form to: Collector's Office, 1204 Main St., Holden, MA 01520