HOLLISTON, MASSACHUSETTS 01746
BOARD OF ASSESSORS

ABUTTER CERTIFICATION REQUEST

DATE:_____

APPLICANT'S NAME:_____

APPLICANT'S ADDRESS:_____

APPLICANT'S PHONE:_____

SUBJECT PROPERTY ADDRESS:_____

MAP_____BLOCK_____LOT_____

ASSOCIATED PERMIT/APPROVAL (i.e. Special Permit):

_____

PERMIT GRANTING AUTHORITY (i.e. Planning Board)

_____

RADIUS FOR NOTICE (i.e. 300 feet):_____

FEE (made payable to the Town of Holliston): __$50.00_

Signed under the pains and penalties of perjury:

_____

Applicant's Signature