

**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 (e.g., Special Permit):

\_\_\_\_\_

PERMIT GRANTING AUTHORITY (e.g., Planning Board

\_\_\_\_\_

RADIUS FOR NOTICE (e.g., 100 feet, 300 feet) \_\_\_\_\_

FEE (made payable to the Town of Holliston): \$50.00 minimum<sup>1</sup>

Signed under the pains and penalties of perjury:

\_\_\_\_\_  
Applicant's Signature

<sup>1</sup> FEE: \$50.00 minimum for up to 25 names/addresses, then \$2 per each additional name/address up to a maximum fee of \$100.00.  
(For example, 1-25 names/addresses = \$50.00; 40 = \$80; 50 and above = \$100)