

# Town of Seekonk - Collector's Office

## Request for Tax Payment Information

Calendar Year \_\_\_\_\_

Requested by/Mail to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature Required

Please complete a separate request form for each additional property, or if you need additional space for motor vehicle excise. You may submit multiple requests in the same envelope.

### Real Estate

Parcel ID:	Property Location:	Date Paid: Office Use	Total Tax Paid: Office Use

### Motor Vehicle Excise

*Due to the Drivers Privacy Protection Act, the only information we can supply is the total tax paid.  
No other information can be given without proper ID.*

Owner:	Make:	Year:	Plate #:	Date Paid: Office Use	Total Tax Paid: Office Use

### Disposal

*Rental Properties Only*

Parcel ID:	Property Location:	Date Paid: Office Use	Total Tax Paid: Office Use

Please send completed form to : Collector's Office, 100 Peck Street, Seekonk, MA 02771

**You MUST include a SELF-ADDRESSED, STAMPED envelope with your request.**

Staff Initials: \_\_\_\_\_