



Request for Tax Information Town of Harvard

Name _____ Telephone _____

Mailing Address _____

Signature (required) _____

Real Estate Tax for Calendar Year _____

Street Address of Property _____ Parcel ID _____

Name in which property is assessed _____

(To be completed by Collector's Office Staff)

Date	Calendar Year	Amount	Staff Initials

Motor Vehicle Excise Tax for Calendar Year _____

Name of owner of vehicle(s) _____

Fill in plate # for each vehicle you are requesting information on.

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4	Staff Initials
Plate #					
	\$	\$	\$	\$	

Email to _____

Mail (include a self-addressed stamped envelope)

I will pick up in person at the Town Hall

Please allow 5-7 business day for processing these requests.