



Request for Paid 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 _____

Email to _____

Mail (include a self-addressed stamped envelope) I will pick up in person at the Town Hall

(To be completed by Collector's Office Staff)

Calendar Year	Total Paid for Calendar Year	Staff Initials/Date

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
Plate #				

(To be completed by Collector's Office Staff)

Staff Initials/Date	\$	\$	\$	\$
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Please allow 2-3 business day for processing these requests.