

Town of Lunenburg

Office of the Board of Assessors



REQUEST FOR CERTIFIED ABUTTERS LIST

Date: _____

Property Location: _____

Map: _____ Lot: _____

Property Owners: _____

Property Owners' Mailing Address: _____

Footage Needed (Use graph below): _____

REQUIRED FOOTAGE:

Building	Conservation	Bd. Of Health	Planning Bd.	Selectmen	Zoning	Architectural Pres. Dlst.
300'	100'	Direct	300'/500'	Varies	300'	300'

Contact Information: _____

Phone Number or Email Address: _____

Fee: \$25.00 To Be Paid Upon Request

Date Paid: _____

Cash: _____

Check #: _____