

Must be filed with.....within six months from date of Notice.

NAME OF BOARD MAKING ASSESSMENT

STATE TAX
FORM 129

THE COMMONWEALTH OF MASSACHUSETTS

.....of.....

Received
DO NOT WRITE IN THIS SPACE.
WARD..... PAGE..... LINE.....

APPLICATION FOR ABATEMENT OF BETTERMENT TAX

Sewer Sidewalk Street Water

19

To the Board.....
NAME OF BOARD MAKING ASSESSMENT

NAME OF APPLICANT.....

POST-OFFICE ADDRESS.....

The above-named person aggrieved by a 19..... BETTERMENT TAX hereby applies for an abatement.

NAME OF PERSON ASSESSED.....19.....

Location and Description of Property— No. of Street, Plan, or Lot, and Area of Land. Description must be sufficiently accurate to identify the premises.

Betterment..... Tax Assessed \$..... Amount Paid \$.....

Tax Paid byon 19.....

IF THE APPLICANT IS NOT THE PERSON ASSESSED, what is the applicant's interest in the property? SPECIFY:

.....When was such interest acquired? DATE

PRESENT OWNERSHIP, MORTGAGE OR WHAT OTHER INTEREST
Complete statement of reasons for this application:

CONTENTIONS OF LAW RAISED

SUBSCRIBED THIS.....day of....., 19....., UNDER THE PENALTIES OF PERJURY.

SIGNATURE OF APPLICANT.....
NAME IN FULL

THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR TAX. IT SHOULD BE PAID AS ASSESSED. REFUND WILL FOLLOW IF ABATEMENT IS ALLOWED.

THIS FORM APPROVED BY THE DEPARTMENT OF REVENUE.