



## 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	\$	\$	\$	\$

**Please allow 10 business day for processing these requests.**