

OFFICE OF
BOARD OF PUBLIC HEALTH



MUNICIPAL CENTER
4 Uxbridge Road
Sutton, MA 01590-1702
Telephone (508) 865-8724

FEE: \$ _____ apiece
(to be paid when list is
certified by assessors)

LIST OF ABUTTERS

OWNERS NAME _____

ADDRESS OF PROPERTY _____

MAP _____ PARCEL _____

The following is a list of all abutters to the above named property, including those owners of land directly opposite on any public or private street or way. This list shall include only those parcels that directly abut the affected property.

Assessors have 10 days to certify abutters list.

ASSESSORS MAP & PARCEL

ASSESSORS MAP & PARCEL

TOTAL ABUTTERS TO BE NOTIFIED _____ @ \$

TOTAL PAID TO BOARD OF HEALTH _____