

TOWN OF DOVER  
Request for Certified Abutters List

Date \_\_\_\_\_

To the Assessors' Office:

**I would like to request a Certified Abutters List for the following property:**

Property Location: \_\_\_\_\_ Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Current Owner(s): \_\_\_\_\_

**For the Purpose of (send copy of list to):**

Board of Appeals	Building Department (Demo)	Planning Board
Board of Health	Historical Commission	Selectmen
Conservation Commission	Out of Town	Town Engineer

**Including Abutters:**

Within 100 feet of property lines

Within 300 feet of property lines

Within 500 feet of property lines

Other: \_\_\_\_\_

**Certified Abutters List should be:**

Sent to Owner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sent to the Requester (if other than owner):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Picked up (please call when ready): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mailed to: \_\_\_\_\_ (also mailed out)

**Please remit bill to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_