



**Town of Carlisle**  
 66 Westford St.  
 Massachusetts 01741  
 978-369-5557



*Sandra Nason, Treasurer/Collector*

**Request for Tax Payment Information**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Call for Pickup \_\_\_\_\_ Mail \_\_\_\_\_ (Self-Addressed Stamped Envelope enclosed)

Email \_\_\_\_\_ To email address \_\_\_\_\_

**Real Estate Tax for Calendar Year \_\_\_\_\_**

Street address of property \_\_\_\_\_

Parcel ID (may be found on Assessors' Web Site) \_\_\_\_\_

Exact name of assessed property owner \_\_\_\_\_

*(Do Not write in boxes. To be completed by Collector's Office Staff)*

Date Paid	Amount	Date Paid	Amount	Staff Initial

**Motor Vehicle Excise Tax for Calendar Year \_\_\_\_\_**

Exact name of owner of vehicles(s) \_\_\_\_\_

You must fill out a separate request for each vehicle owner. Send in one envelope

*Fill in the Make (Not Model), Year, Plate#, for each Vehicle*

	Vehicle #1	Vehicle #2	Vehicle #3	Staff Initial
Year & Make				
Plate #				
Amount Paid				

*Please send completed form to: [taxbills@carlislema.gov](mailto:taxbills@carlislema.gov)*