

TOWN OF OXFORD TREASURER/COLLECTOR'S OFFICE

REQUEST FOR PAID TAX INFORMATION

OFFICE HOURS: MONDAY-FRIDAY; 9AM-4:30PM

NAME: _____ PHONE #: _____

ADDRESS: _____

☐ **REAL ESTATE TAX FOR CALENDAR YEAR** _____

PROPERTY LOCATION: _____

PARCEL ID: _____

NAME IN WHICH PROPERTY IS ASSESSED: _____

☐ **MOTOR VEHICLE EXCISE TAX FOR CALENDAR YEAR** _____

MAKE/YEAR: _____ LICENSE PLATE #: _____

MAKE/YEAR: _____ LICENSE PLATE #: _____

MAKE/YEAR: _____ LICENSE PLATE #: _____

MAKE/YEAR: _____ LICENSE PLATE #: _____

HOW WOULD YOU LIKE TO RECEIVE THIS INFORMATION?

☐ I HAVE PROVIDED A SELF-ADDRESSED STAMPED ENVELOPE, PLEASE MAIL IT.

☐ HERE IS MY EMAIL ADDRESS, PLEASE EMAIL IT.

☐ I WOULD LIKE TO PICK THIS UP, PLEASE NOTIFY ME WHEN READY.

PHONE #: _____

PLEASE NOTE: WE HAVE **10** BUSINESS DAYS TO COMPLETE THIS INFORMATION