

Must be filed with _____ within six months from date of Notice
NAME OF BOARD MAKING ASSESSMENT

STATE TAX
FORM 129

THE COMMONWEALTH OF MASSACHUSETTS

_____ of _____

Received		
DO NOT WRITE IN THIS SPACE.		
WARD _____	PAGE _____	LINE _____

APPLICATION FOR ABATEMENT OF BETTERMENT TAX

☐ Sewer ☐ Sidewalk ☐ Street ☐ Water

To the Board _____
NAME OF BOARD MAKING ASSESSMENT

NAME OF APPLICANT _____

POST-OFFICE ADDRESS _____

The above-named person aggrieved by a _____ **BETTERMENT TAX** hereby applies for an abatement.

NAME OF PERSON ASSESSED _____

Location and Description of Property—No. of Street, Plan, or Lot, and Area of Land. Description must be sufficiently accurate to identify the premises.

Betterment _____ Tax Assessed \$ _____ Amount Paid \$ _____

Tax Paid by _____ on _____

IF THE APPLICANT IS NOT THE PERSON ASSESSED, what is the applicant's interest in the property? _____

SPECIFY:

PRESENT OWNERSHIP, MORTGAGE OR WHAT OTHER INTEREST _____ When was such interest acquired? _____

DATE

Complete statement of reasons for this application: _____

CONTENTIONS OF LAW RAISED

SUBSCRIBED THIS _____ day of _____, _____, UNDER THE PENALTIES OF PERJURY.

SIGNATURE OF APPLICANT _____

NAME IN FULL

THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR TAX. IT SHOULD BE PAID AS ASSESSED. REFUND WILL FOLLOW IF ABATEMENT IS ALLOWED.

THIS FORM APPROVED BY THE DEPARTMENT OF REVENUE.