State Tax Form CL-7
Revised 6/2015

The Commonwealth of Massachusetts

Name of City or Town

61	61A	61B
Assessors' Use only		
Date Received		
Application No.		

Application to Modify a Decision ☐
Abate a Tax ☐

Classified Forest-- Agricultural or Horticultural -- Recreational Land

General Laws Chapters 61, § 3 - Chapter 61A, § 19 – Chapter 61B, § 14

INSTRUCTIONS: Complete all sections. Please print or type.

A. TAXPAYER INFORMATION.

Name of Applicant(s): _____

Mailing Address: _____

Telephone Number: _____

B. PROPERTY IDENTIFICATION.

Location	Parcel Identification (Map-Block-Lot)	Deed Reference (Book & Page/Cert. No.)	Total Acres	Acres to be Classified

TYPE OF CLASSIFICATION Forest ☐ Agricultural or Horticultural ☐ Recreational ☐

C. ACTION SOUGHT. Check the action you are seeking from the assessors and provide the requested information.

MODIFICATION ☐

Type of Decision: Disallowance of Application ☐

Other (Specify) _____

Date of Decision _____

Date You Received Decision Notice _____

Reason for Modification _____

ABATEMENT ☐

Type of Tax: Land ☐

Conveyance ☐ Roll-back ☐

Date/FY Assessed _____

Date You Received Tax Bill _____

Reason for Abatement _____

D. SIGNATURE. Sign here to complete the application.

Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this application and all accompanying documents and statements are true, correct and complete.

Your signature _____ Date _____

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

GRANTED ☐ DENIED ☐ Reason _____

Date Voted/Denied _____

Date Notice Sent _____ Board of Assessors

Appeal _____

Date Filed _____

Decision _____

Settlement _____ Date

THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF ANY TAX. TO AVOID ANY LOSS OF APPEAL RIGHTS OR ADDITION OF INTEREST OR OTHER COLLECTION CHARGES, THE TAX SHOULD BE PAID AS ASSESSED.

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE