

TOWN OF LEE
OFFICE OF THE COLLECTOR

32 Main Street, Lee, MA 01238

Tel. 413-243-5515

Fax. 413-243-5507



Date: _____

Requestor: _____

To Whom it May Concern:

Please provide me with the following payment history information for Calendar Year _____

Real Estate Property Tax

Location: _____

Amount Paid

For office use

\$ _____

Excise Tax

Name : _____

Reg# _____

Name : _____

Reg# _____

Name : _____

Reg# _____

Name : _____

Reg# _____

Name : _____

Reg# _____

Amount Paid

For office use

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Water & Sewer

Location: _____

Amount Paid

For office use

\$ _____

Use reverse if more space needed

ALL INFORMATION MUST BE FILLED OUT OR REQUEST WILL NOT BE FULFILLED

You may pick this request up, have it emailed, or leave a SASE if you wish it to be mailed

CONTACT PERSON: _____ Phone # _____

FAX: _____ EMAIL ADDRESS: _____