



TOWN OF MILTON
OFFICE OF THE TREASURER / COLLECTOR
525 CANTON AVENUE
MILTON, MA 02186
Telephone: 617-898-4853
Email: treasurers@townofmilton.org

TAXPAYER REQUEST FORM FOR CALENDAR YEAR: _____

Please complete this form and submit via mail or email to our office. Choose method for return receipt:

_____ Email _____ USPS Mail (*pls provide a self-addressed, stamped envelope*) _____ I will pick it up at Town Hall

Name: _____

Mailing Address: _____

Email Address: _____

Phone Number (for any questions regarding this request): _____

REAL ESTATE TAX Payment Information:

Parcel ID	Property Address	(Collector's Office will complete) Payment Due Date:	(Collector's Office will complete) Tax Amount Paid:

MOTOR VEHICLE EXCISE TAX Payment Information:

Plate #	Registered Vehicle Owner	(Collector's Office will complete) Payment Due Date:	(Collector's Office will complete) Tax Amount Paid: