



Board of Assessors
Town of Foxborough
 40 South Street
 Foxborough Massachusetts 02035

Telephone: 508-543-1215
 Fax: 508-543-6278

APPLICATION FOR ABATEMENT (General Laws Ch 60A)

I hereby make an application for abatement for calendar year _____ Motor Vehicle and Trailer Excise.

NAME _____ ADDRESS _____

MAILING ADDRESS (if different) _____

Bill Number _____ Tax Date _____ Telephone # _____

Year of Vehicle _____ Manufacturer _____ Registration Number _____

IMPORTANT: PLEASE SUPPLY ALL PAPERWORK PERTINENT TO YOUR CASE. IF WE DO NOT HAVE ALL THE PAPERWORK YOU WILL NOT BE ELIGIBLE FOR AN ABATEMENT.

IF YOU SOLD, TRADED OR JUNKED YOUR VEHICLE PLEASE SUPPLY:

1. A COPY OF THE BILL OF SALE, TRADE INFORMATION OR LETTER FROM THE JUNK YARD
2. A COPY OF YOUR NEW REGISTRATION OR A COPY OF YOUR PLATE RETURN RECEIPT.

IF YOU GAVE YOUR VEHICLE TO A RELATIVE OR A CHARITY PLEASE SUPPLY:

1. NAME AND ADDRESS OF RELATIVE _____
OR A LETTER FROM THE CHARITY
2. A COPY OF YOUR NEW REGISTRATION OR A COPY OF YOUR PLATE RETURN RECEIPT.

IF YOU MOVED OUT OF STATE PLEASE SUPPLY:

1. A COPY OF YOUR NEW REGISTRATION
2. A COPY OF YOUR MASSACHUSETTS PLATE RETURN RECEIPT

NON RESIDENT SERVICEMAN:

1. A LETTER FROM YOUR COMMANDING OFFICER ON DEPARTMENT LETTERHEAD STATING LEGAL DOMICILE.

INCORRECT PLACE OF GARAGING:

1. A COPY OF THE REGISTRATION FOR THE YEAR OF THE BILL IN QUESTION.

OTHER :

PLEASE EXPLAIN : _____

No Motor Vehicle Excise may be reduced to less than \$5.00. No abatement or refund of less than \$5.00 may be made.
SUBSCRIBED TO UNDER PENALTIES OF PERJURY

SIGNATURE: _____ DATE _____

TELEPHONE : _____

OFFICE	Excise	\$ _____	Months Assessed: _____
USE	Abatement	\$ _____	
ONLY	Balance	\$ _____	Plus any applicable interest & costs

Certificate #: _____ Date : _____