



Joseph C. Sullivan
Mayor

Department of Municipal Finance
Office of the Tax Collector
One JFK Memorial Drive
Braintree, Massachusetts 02184
781-794-8160

Barbara J. Walls
Treasurer/Collector

TAX PAYER REQUEST FORM
FOR INCOME TAX ONLY – NOT REFINANCING

Email Request form to: pagostino@braintreema.gov | or Fax to: 781-794-8149

Information Requested:	EXCISE TAX – MOTOR VEHICLE	
Calendar Year _____		
Vehicle 1 Registration: _____	Vehicle 4 Registration: _____	
Vehicle 2 Registration: _____	Vehicle 5 Registration: _____	
Vehicle 3 Registration: _____	Vehicle 6 Registration: _____	

Information Requested:	PROPERTY TAX – REAL ESTATE
Calendar Year _____	
Property Address: _____	
Owner Name: _____	
Person requesting information: _____	
Telephone # of person requesting information: _____	

Email Address: _____

Mailing Address: _____
(see Note*)

***NOTE:** If mailing is requested the form **must include** a self-address stamped envelope with request.