

**TOWN OF READING**

**REQUEST FOR CERTIFIED ABUTTERS LIST**

**SUBJECT PROPERTY:**

ADDRESS: \_\_\_\_\_

Assessors' Map Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_

**APPLICANT/AGENT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Board or Commission for which this request is made (check all that are applicable):**

**Community Planning and Development Commission:**

- Site Plan Review
- Special Permit
- Subdivision

**Conservation Commission:**

- Request for Determination
- Abbreviated Notice of Resource Area Delineation
- Notice of Intent

**Zoning Board of Appeals:**

- Appeal
- Special Permit
- Variance

- Health Department
- Historic District Commission
- Historical Commission
- Other: \_\_\_\_\_

**Brief description of request:** \_\_\_\_\_  
\_\_\_\_\_

Applicant/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Assessors' Office may require up to three weeks in order to process and approve this request.*

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Must be signed by the Public Services Department*