



Tax Collector's Office

145 Main Street

Sandwich, MA 02563

REQUEST FOR PAID REAL ESTATE TAX INFORMATION

Property Address: _____

Owners: _____

Parcel ID: _____

Year Requested: Calendar Year ____ or Fiscal Year ____

Requestor's Email: _____ (if you request an email response)

or

Mailing Address: _____

Phone: _____ Date of Request: _____