State Tax Form CL-7	The Commonwealth of Massachusetts		A	Assessors' Use only Date Received	
Revised 6/2015			Date R		
	Name of City or Town		Applicati	Application No.	
	Application t	to Modify a Decision			
		Abate a Tax			
	Classified Forest Agricultu	ral or Horticultural Recr	eational Land		
	neral Laws Chapters 61, § 3				
	omplete all sections. Please print	· · · · · · · · · · · · · · · · · · ·	, ,		
A. TAXPAYER INFO		02 type:			
Name of Applicant(s):					
Mailing Address:					
Telephone Number	:				
B. PROPERTY IDEI	NTIFICATION.				
Location	Parcel Identification (Map-Block-Lot)	Deed Reference (Book & Page/Cert. No.)	Total Acres	Acres to be Classified	
TYPE OF CLASSIF	FICATION Forest Agric	cultural or Horticultural	Recreation	al	
C ACTION SOLIGH	IT. Check the action you are seek	ing from the assessors and pro	wide the requests	ed information	
MODIFICATION [\neg	ABATEMENT	wide the requeste	d information.	
	D: 11		1 🗆		
Type of Decision:	Disallowance of Application	_ ''	and 📙	D 11.1 .	
Other (Specify)		Conveyance Roll-back			
Date of Decision		Date/FY Assessed _	Date/FY Assessed		
Date You Received	Decision Notice	Date You Received Tax Bill			
Reason for Modifica	ation	Reason for Abatement			
D. SIGNATURE. Signature	gn here to complete the application	n.			
	d penalties of perjury, I declare th ng documents and statements are		e and belief, this a	application	
	Your signature		Da	te	
IJ	f signed by agent, attach copy of writ	ten authorization to sign on beha	of taxpayer.		
	DISPOSITION OF APPL	ICATION (ASSESSORS' USE (ONLY)		
GRANTED	DENIED Reason				
Date Voted/Denied		Board of Assessors			
Date Notice Sent		Board of	Assessors		
Appeal					
Date Filed Decision					
Settlement	Da	ite			

61A

61B

THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF ANY TAX. TO AVOID ANY LOSS OF APPEAL RIGHTS OR ADDITION OF INTEREST OR OTHER COLLECTION CHARGES, THE TAX SHOULD BE PAID AS ASSESSED.