

THE COMMONWEALTH OF MASSACHUSETTS _____ OFFICE OF THE BOARD OF ASSESSORS
Name of City or Town

ABATEMENT RECORD LEVY OF 20____MOTOR VEHICLE AND TRAILER EXCISE

VALUATION LIST PAGE LINE	NAME OF OWNER OF MOTOR VEHICLE OR TRAILER	DESCRIPTION OF VEHICLE YEAR MAKE TYPE	DATE OF COMMITMENT	EXCISE ASSESSED	DATE OF APPLICATION FOR ABATEMENT	DATE OF REFUND OR ABATEMENT	ABATEMENT CERTIFICATE NUMBER	AMOUNT OF REFUND OR ABATEMENT

TOTAL:

Signed this _____ day of _____, 20__

BOARD OF ASSESSORS

OF _____