

The Commonwealth of Massachusetts

|                     |     |     |
|---------------------|-----|-----|
| 61                  | 61A | 61B |
| Assessors' Use only |     |     |
| Date Received       |     |     |
| Application No.     |     |     |

\_\_\_\_\_  
Name of City or Town

**Application to**  **Modify a Decision**  
**Abate a Tax**

**Classified Forest-- Agricultural or Horticultural -- Recreational Land**  
**General Laws Chapters 61, § 3 - Chapter 61A, § 19 – Chapter 61B, § 14**

**INSTRUCTIONS:** Complete all sections. Please print or type.

**A. TAXPAYER INFORMATION.**

|                       |       |
|-----------------------|-------|
| Name of Applicant(s): | _____ |
| Mailing Address:      | _____ |
| Telephone Number:     | _____ |

**B. PROPERTY IDENTIFICATION.**

| Location | Parcel Identification (Map-Block-Lot) | Deed Reference (Book & Page/Cert. No.) | Total Acres | Acres to be Classified |
|----------|---------------------------------------|--|-------------|------------------------|
|          |                                       |  |             |                        |
|          |                                       |  |             |                        |
|          |                                       |  |             |                        |

**TYPE OF CLASSIFICATION** Forest  Agricultural or Horticultural  Recreational

**C. ACTION SOUGHT.** Check the action you are seeking from the assessors and provide the requested information.

**MODIFICATION**

**ABATEMENT**

|  |   |
|--|---|
| <b>Type of Decision:</b> Disallowance of Application <input type="checkbox"/><br>Other (Specify) _____<br>Date of Decision _____<br>Date You Received Decision Notice _____<br>Reason for Modification _____ | <b>Type of Tax:</b> Land <input type="checkbox"/><br>Conveyance <input type="checkbox"/> Roll-back <input type="checkbox"/><br>Date/FY Assessed _____<br>Date You Received Tax Bill _____<br>Reason for Abatement _____ |
|--|---|

**D. SIGNATURE.** Sign here to complete the application.

Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this application and all accompanying documents and statements are true, correct and complete.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

*If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.*

**DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)**

|                                  |                                 |                    |
|----------------------------------|---------------------------------|--------------------|
| GRANTED <input type="checkbox"/> | DENIED <input type="checkbox"/> | Reason _____       |
| Date Voted/Denied _____          |                                 |                    |
| Date Notice Sent _____           |                                 | Board of Assessors |
| Appeal _____                     |                                 |                    |
| Date Filed _____                 |                                 |                    |
| Decision _____                   |                                 |                    |
| Settlement _____                 |                                 | Date _____         |

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.