## **Town of Lakeville - Treasurer/Collector's Office**

Digital Request for Tax Payment Information -- Please E-Mail All Requests to PBURDICK@LAKEVILLEMA.ORG

Calendar Year:					
Collect requested information  Pick-up	n <i>by:</i>	○ Mail			
Name:					
Address:					
City/Town:	State:			Zip Code:	
E-Mail:					
Phone Number:					
Please complete a separate request			u need additio	nal space for moto	r vehicle excise.
	Kea	l Estate		_	
Parcel ID:	Property Address:			Date Paid: Office Use	Total Tax Paid: Office Use
				TOTAL	
				· ·	·
	Motor V	ehicle Ex	icse		
Due to the Drivers Privacy Protection A		we can supply is tout proper ID.	he total tax pai	d. No other inform	ation can be given
					Total Tax
				Date Paid:	Paid: Office
Owner	Make	Year	Plate #	Office Use	Use
				TOTAL	