



Town of Falmouth Assessing Department

59 Town Hall Square, Falmouth MA 02540

Telephone: 508-495-7380

Fax: 508-495-7384

REQUEST OF CERTIFIED ABUTTERS LIST

Name of person requesting abutters list: _____

Address of person requesting abutters list: _____

Phone: _____

Abutters to (subject property): Map _____ Section _____ Parcel _____ Lot _____

Map _____ Section _____ Parcel _____ Lot _____

Map _____ Section _____ Parcel _____ Lot _____

Lot size of subject property: _____

Location of subject property: _____

Check one:

_____ Direct abutters (includes properties across street)

_____ Direct abutters in local Historic District (includes properties across the street) within 100'

_____ Immediate abutters (includes only properties with a common property line)

_____ Immediate abutters plus churches and schools within 500'

_____ Properties within 300'

_____ Properties within 300' or abutters abutter to abutter whichever is closest

_____ Properties within 100'

_____ Other (specify) _____

Fee. \$25.00 Total _____



TOWN OF FALMOUTH SELECT BOARD
AFFIDAVIT OF NOTICE OF MAILING TO ABUTTER AND OTHERS

To the Select Board of the Town of Falmouth, for the application by _____
_____, for _____

I, _____ hereby certify that the attached is a true list of the persons shown upon the Assessor's most recent valuation list as the owners of the property abutting the proposed location for an alcoholic beverages license at:

And that the following schools, churches, or hospitals are located within a radius of five hundred (500) feet from said proposed location:

If there are none, please so state: _____

I also certify that the notice of this application/petition concerning an alcoholic beverages license was given to the above by mailing to each of them within three days after publication of same, a copy of the advertisement is attached below.

Signed and subscribed to under penalties of perjuries this day of _____ 20 _____

Printed: _____

Written: _____

Notary Public: _____

My Commission expires: _____