

TOWN OF OWLS HEAD, MAINE



INCORPORATED - 1921

ASSESSING DEPARTMENT

ABATEMENT REQUEST

APPLICANT(S) NAME _____

ADDRESS _____

PROPERTY ADDRESS _____

MAP & LOT (if known) _____

Reason for abatement request (include any documentation you feel is pertinent to your request, use additional sheets if necessary)

Date _____

Applicant Signature(s)

