## **TOWN OF DUXBURY, MASSACHUSETTS**



## **Tax Title Payoff Request**

DATE:	
FROM:	CONTACT:
ADDRESS:	MAILING:
TOWN:	STATE:
ZIP CODE:	
TELEPHONE:	FAX:
EMAIL:	
This is a request for Tax Title Payoff on the following property:	
Parcel Identifiaction Number:	
Owner of record:	
Payoff Date:	
Any additional information or notes:	