

Town of Weston Board of Assessors

P O BOX 378

WESTON, MA 02493

Tel: 781-893-7320 X 313 Fax: 781-529-0106

Hours: Monday through Friday – 8:30 a.m. to 5:00 p.m.

APPLICATION FOR MOTOR VEHICLE EXCISE ABATEMENT

(Filing of this application does not stay collection of this tax. Refunds will be issued for overpayments)

I hereby make application for a motor vehicle excise tax abatement for the year _____

Bill # _____ Year of Bill _____ Name on Bill _____

Vehicle Make _____ Year of Mfg _____

Reason for Abatement () Vehicle ownership transferred to another owner
() Vehicle totaled
() Vehicle registered out of state
() Other _____

If vehicle ownership was transferred to another owner please provide:

Transfer Date _____ Name of New Owner _____

If the plates were transferred to a different vehicle please provide:

Transfer Date _____ Make of Vehicle _____

Place of Garaging _____

You are required to provide the following documentation, depending on the reason for the abatement application.

Plate Return Receipt

Letter from Insurance Company (if vehicle is totaled)

Lost Plate Affidavit

Copy of Your New Registration

Other Applicable Documentation

Subscribed to under the penalties of perjury this ___ day of _____, 200___ by

Signature of Person Assessed

Address

Phone

OFFICE USE ONLY

DATE _____

ABATEMENT # _____

AMOUNT OF TAX _____

ABATEMENT _____

BALANCE _____

(plus late fees and interest, if any)