

APPLICATION FOR MOTOR VEHICLE EXCISE TAX ABATEMENT

RETURN COMPLETED FORM TO: BOARD OF ASSESSORS, CITY HALL
191 CABOT STREET, BEVERLY, MA 01915
(978) 921-6000 EXT. 2310 FAX: (978) 921-6196

Please complete this form and supply copies of the specified documents where applicable. Return this form with a copy of your excise tax bill. **All requested information must be supplied for this bill to be abated.**

NAME: _____ BILL NO.: _____
(as shown on bill)

YEAR OF BILL: _____ PLATE NO.: _____

ADDRESS: _____
(as shown on bill)

CORRECT MAILING ADDRESS: _____
(if different from above)

TELEPHONE: _____ (home) _____ (work)

The motor vehicle and license plates, which the enclosed bill represents, have been...

(PLEASE SUPPLY A COPY OF)

- () SOLD Bill of Sale **AND** either a Plate Return Receipt or a New Registration showing the same plate number on a different vehicle.
- () TRADED Copy of paperwork from the dealer showing the trade **AND** either a Plate Return Receipt or a New Registration showing the same plate number on a different vehicle.
- () MOVED FROM BEVERLY DATE: _____ Change of address is required (verified through Registry of Motor Vehicles). Copy of the cover page of the amended auto insurance policy showing correct place of garaging and date of change.
- () MOVED FROM MA **Vehicle registration from new state.** Your Massachusetts plates should be returned to the Registry in order to avoid future billings.
- () EXEMPTED Proof of statutory exemption.
- () CAR TOTALED Plate Return Receipt or New Registration showing the same plate number on a different vehicle **AND** a copy of a letter from your **insurance company** showing the effective date of sale when the insurance company took possession and paid the claimant.
- () DONATION Copy of Donation Letter **AND** either a Plate Return Receipt or a New Registration showing the same plate number on a different vehicle.
- () OTHER _____

SIGNATURE: _____ DATE: _____

UNDER THE PENALTY OF PERJURY