



Town of Canton Planning Board
 Memorial Town Hall
 801 Washington Street
 Canton, MA 02021
 781-821-5019

FORM E
CERTIFIED LIST OF ABUTTERS

Date: _____

To the Planning Board of the Town of Canton:

This is to certify that at the time of the last assessment for taxation made by the Town of Canton, the names and addresses of the parties assessed as adjoining owners to the parcel of land shown above were as written, except as follows:

Signature of Tax Assessor: _____

Date: _____

Attach a sketch of land described in this petition and write against boundary lines the names of adjoining owners in their relative positions. **Also, indicate the address of each abutter on the sketch or in a separate list.** Include owners of land separated from the subdivision only by a street.

Office Use Only		1 st Public Hearing Date:	Filing Fee:
	Date Filed with the Planning Board:	Date Filed with the Town Clerk:	Date filed with Board of Health:
	PAC Meeting Date (if applicable):	35-day Comment Deadline:	45-day Decision Deadline: