

#5

TOWN OF ARLINGTON TAX BILLS

Your Preliminary Tax for the Fiscal Year Beginning July 1, 1993 and Ending June 30, 1994 on the Parcel of Real Estate Described Below is as Follows:

Fiscal Year 1994

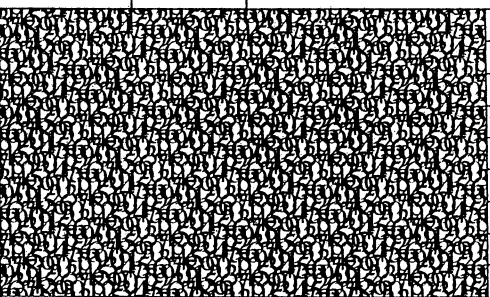
THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF ARLINGTON · OFFICE OF THE COLLECTOR OF TAXES

PRELIMINARY REAL ESTATE TAX BILL  
FISCAL YEAR ENDING JUNE 30, 1994

NOTICE OF FIRST PAYMENT

BOOK	PAGE	BILL NUMBER

REAL ESTATE		
AREA	DESCRIPTION	VALUE
TOTAL REAL ESTATE VALUE		



Preliminary Tax	
1st Payment Due By Aug. 1, 1993	
2nd Payment Due By Nov. 1, 1993	
1) Total 1st Payment Due 8/1/93	

CLASS  
OWNER  
1/1/93

MAIL TO:

ALL PAYMENTS MUST BE MADE TO THE TOWN OF ARLINGTON. MAIL TO COLLECTOR OF TAXES, P.O. BOX 210, ARLINGTON, MA 02174. TAXES PAYABLE AT THE COLLECTOR'S OFFICE, TOWN HALL MON. - FRI. 8 A.M.-4 P.M. CLOSED SATURDAY.  
  
INTEREST AT THE RATE OF 14% PER ANNUM WILL ACCRUE ON OVERDUE PAYMENTS UNTIL PAYMENT IS MADE.  
  
SEE REVERSE SIDE FOR FURTHER INFORMATION

2. Town of Arlington Scholarship Fund (Tax Deductible Contribution)

\$1	\$2	\$5	\$10	OTHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LOCATION

BLOCK SECTION LOT

**JOHN J. BILAFER**  
COLLECTOR OF TAXES

CHECK OFF AMOUNT YOU WISH TO CONTRIBUTE AND WRITE THE AMOUNT IN BOX AT RIGHT

AMOUNT OF CONTRIBUTION  
\$

3. ADD ITEMS 1 AND 2 AND PAY THE TOTAL AMOUNT WITH THIS BILL

\$



**TOWN OF ARLINGTON, MASSACHUSETTS**  
 Office of the Tax Collector  
 730 Massachusetts Ave. - P.O. Box 210  
 Arlington, MA 02476-0002  
 Telephones: Water Dept. (781) 316-3106  
 Treasurer (781) 316-3040

**METER LOCATION:**

<b>ACCOUNT NO.</b>	
<b>BILLING DATE</b>	
<b>DUE DATE</b>	
<b>TOTAL CHARGES</b>	(1)
<b>ARLINGTON CITIZENS' SCHOLARSHIP FOUNDATION</b> (This is a Tax Deductible Contribution)	
\$1    \$2    \$5    \$10    Other	Contribution Amount
	(2) \$
Check box above & write amount in (2). Add 1 & 2, pay total amount with this bill.	(3) \$

**TAX COLLECTOR'S COPY**

**EASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU!**

METER NUMBER(S)	PREVIOUS		PRESENT		CONSUMPTION 100 CUBIC FEET
	DATE	PREVIOUS READING	DATE	PRESENT READING	

**TOTAL CONSUMPTION (CCF)**

**ACCOUNT NO.**

**METER LOCATION:**

Gallons used this period (1 CCF = 100 cubic feet = 748 gallons)	CCFS	RATE	TOTAL CHARGES
Water up to 200 ccf/per fiscal year			
Water over 200 ccf/per fiscal year			
Sewer up to 1000 ccf/per billing period			
Sewer over 1000 ccf/per billing period			
Minimum charges per unit			
Total Current Charges			
Previous Balance Due			
Last Payment			
Interest			
Total Charges			
Your Scholarship Contribution			
Grand Total to Pay			

**PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION**

COLLECTOR'S COPY

THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF ARLINGTON

DO NOT MAIL CASH

MAKE PAYMENTS TO: TOWN OF ARLINGTON  
MAIL TO: OFFICE OF THE TAX COLLECTOR  
P.O. BOX 210  
ARLINGTON, MA 02174

COLLECTOR OF TAXES		DATE OF ISSUE		BILL NUMBER			
REG NO	REG EXP YR	TAX DATE	MODEL YR	MAKE	VALUATION	VEHICLE IDENTIFICATION NO	LICENSE NO

STATE EXCISE RATE  
\$  
on \$ 1000

NOTICE OF MOTOR VEHICLE AND TRAILER EXCISE DUE AND PAYABLE  
IN FULL WITHIN 30 DAYS OF ISSUE.

EXCISE DUE	

OFFICE HOURS:  
MON.-FRI. 8 AM-5 PM  
CLOSED SATURDAY

1. TOTAL EXCISE TAX DUE

2. TOWN OF ARLINGTON SCHOLARSHIP FUND (TAX DEDUCTIBLE CONTRIBUTION)

\$1	\$2	\$5	\$10	OTHER	AMOUNT OF CONTRIBUTION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

CHECK OFF AMOUNT YOU WISH TO CONTRIBUTE AND WRITE IN THE AMOUNT IN BOX AT RIGHT.

3. ADD ITEMS 1 AND 2 AND PAY THE TOTAL AMOUNT WITH THIS BILL.

FOR FURTHER INFORMATION REGARDING THIS NOTICE, INQUIRE OF BOARD OF ASSESSORS.  
IF NOT PAID WHEN DUE, SUBJECT TO PENALTIES OF INTEREST, DEMAND, CHARGES AND FEES.  
THIS FORM APPROVED BY COMMISSIONER OF REVENUE

SEE REVERSE SIDE.