

CALENDAR YEAR \_\_\_\_\_

BILL # \_\_\_\_\_

**COMPLETED APPLICATIONS & SUPPORTING DOCUMENTATION**  
**CAN BE SUBMITTED IN THE FOLLOWING WAYS:**

**FAX:** 508-823-1812  
**EMAIL:** jgarcia@town.raynham.ma.us  
aengelhardt@town.raynham.ma.us  
**MAIL:** Raynham Assessor’s Office, 558 South Main St., Raynham, MA 02767

**APPLICATION FOR ABATEMENT ON MOTOR VEHICLE EXCISE TAX**

**2 DOCUMENTS ARE REQUIRED FOR EACH ABATEMENT & MUST BE SUBMITTED WITH THIS APPLICATION**  
**1 DOCUMENT FOR THE VEHICLE & 1 DOCUMENT FOR THE REGISTRATION**

**CHECK REASON FOR ABATEMENT**

- ( ) SOLD/TRADED
  
- ( ) TOTALLED/STOLEN
  
- ( ) MOVED TO ANOTHER STATE
  
- ( ) MOVED TO ANOTHER CITY/TOWN PRIOR TO JAN. 1<sup>ST</sup> OF BILLING YEAR
  
- ( ) OTHER - FOR ANY REASONS NOT MENTIONED ABOVE  
(DOCUMENTATION IS STILL REQUIRED)

**REQUIRED DOCUMENTATION**

- 1. BILL OF SALE **AND**
- 2. REGISTRATION CANCELLATION RECEIPT FROM RMV OR  
REGISTRATION ON NEW VEHICLE IF PLATES TRANSFERRED
  
- 1. INSURANCE TOTAL LOSS LETTER **AND**
- 2. REGISTRATION CANCELLATION RECEIPT FROM RMV OR  
REGISTRATION ON NEW VEHICLE IF PLATES TRANSFERRED
  
- 1. REGISTRATION FROM NEW STATE **AND**
- 2. REGISTRATION CANCELLATION RECEIPT FROM RMV
  
- 1. COVERAGE SELECTION PAGE FROM CAR INSURANCE  
COMPANY LISTING PLACE OF GARAGING AS OF JAN. 1<sup>ST</sup>
  
- STATE REASON \_\_\_\_\_  
\_\_\_\_\_

**CURRENT MAILING ADDRESS** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**TAXPAYER SIGNATURE**  
**(UNDER THE PENALTIES OF PERJURY)** \_\_\_\_\_

**TELEPHONE #** \_\_\_\_\_

**DATE** \_\_\_\_\_

**BOARD OF ASSESSORS**

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