

Town of Roxbury

BOUNDARY LINE ADJUSTMENT APPLICATION

Date: _____

Application No. _____

Parcel A - (Sender):

Name _____

Address _____

Phone/Fax _____

Tax Map# _____

Liber _____ Page _____

Parcel B - (Receiver):

Name _____

Address _____

Phone/Fax _____

Tax Map # _____

Liber _____ Page _____

Location: (Road Name, Distance and Direction from Nearest Intersection)

Description of Action: (Acreage amount of Land to be Transferred and to whom)
