



Town of Eastham
Treasurer/Collector's Office
Tax Payment Information Request

Calendar Year: _____

Collect requested information by:

- Pick-up
- Email
- Mail (Must include a Self-Addressed Stamped Envelope for return)

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

Real Estate			
Parcel ID	Property Address	Date Paid Office Use	Amount Paid Office Use

Motor Vehicle Excise					
Due to the Drivers Privacy Protection Act (18 USC Section 2721), the only information we can supply is the total tax paid. No other information will be given out.					
Owner	Make	Year	Plate	Date Paid Office Use	Amount Paid Office Use

*****Request may take up to five business days *****

Completed by: _____

Date: _____