

CITY OF SPRINGFIELD MOTOR VEHICLE EXCISE ABATEMENT FORM

INSTRUCTIONS: To apply for an abatement (or refund if excise has been paid), complete this form and provide all the specified documentation.

Abatement application **MUST** be filed with the Assessors on or before December 31 of the calendar year following the excise year (or 30 days after the bill is issued if that date is later). **By law the Assessors cannot act on late applications.**

Filing an application does not stay the collection of your excise bill. To avoid interest, charges and collection action, including non-renewal of your registration, you must pay the bill in full within 30 days of its issue date. You will receive a refund if an abatement is granted.

NOTE: You are **NOT** entitled to an abatement if you (1) cancel your registration and retain ownership of the vehicle, or (2) move to another Mass. Community during the calendar year. **NO EXCISE MAY BE REDUCED TO LESS THAN \$5.00. NO ABATEMENT OR REFUND OF LESS THAN \$5.00 MAY BE MADE.**

-----DO NOT WRITE BELOW THIS LINE-----

Valuation	Months Assessed
_____	_____
Original Excise	\$ _____
Abatement Allowed	\$ _____
Adjusted Excise	\$ _____
Certificate # _____	Date ____/____/____

**RETURN TO:
ASSESSORS OFFICE/EXCISE DIV.
36 COURT ST. SPRINGFIELD, MA 01103
ENCLOSE A SELF-ADDRESSED STAMPED
ENVELOPE FOR CERTIFICATE RETURN**

FAILURE TO PROVIDE THE REQUIRED DOCUMENTATION WILL RESULT IN THIS OFFICE RETURNING YOUR APPEAL AND NO ABATEMENT WILL BE PROCESSED. YOU MUST INCLUDE A S.A.S.E. FOR US TO INSURE PROPER RETURN TO YOU.

TAX YEAR _____ ISSUE DATE ____/____/____ BILL NUMBER _____

PLATE REGISTRATION NUMBER: _____ YEAR/MAKE/MODEL _____

NAME (as shown on bill) _____

ADDRESS (as shown on bill) _____
City/Town _____ State _____ Zip _____

CORRECT MAILING ADDRESS: _____

TELEPHONE: _____ Home (____) _____ - _____ Work (____) _____ - _____

THE MOTOR VEHICLE WHICH THE ENCLOSED BILL REPRESENTS HAS BEEN:
Check Applicable: **PROVIDE A COPY OF THE FOLLOWING DOCUMENTATION FOR THE BILL TO BE ABATED**

SOLD/TRADED Bill of Sale **AND** Plate Return Receipt from RMV **OR** Bill of Sale **AND** New Registration Form if transferred to another vehicle.

STOLEN OR TOTAL LOSS Form C-19 (Affidavit of Lost or Stolen Plate) from RMV **OR** Plate Return Receipt from RMV **AND** insurance company settlement letter **OR** police report.

VEHICLE REPOSSESSED Notice from Lien Holder **AND** cancelled plate receipt **OR** New Registration Form.

MOVED FROM SPFLD BEFORE JAN 1 a copy of your insurance policy (Coverage Section Page) indicating the vehicles principal place of garaging other than Springfield before January 1 of billing year.
NOTE: You must notify the RMV within 30 days of moving before January 1 to be billed to your new city.

MOVED FROM MASSACHUSETTS Registration Form from the New State or Country of Registration **AND** Plate Return Receipt.

OVERVALUE Copy of title to vehicle **AND** copy of registration (INCLUDE MILEAGE)

EXEMPT ST-2 Form **OR** Certificate of Blindness **OR** Letter from Commanding Officer.

OTHER Plate return from RMV **OR** new registration **AND** a letter from donation organization **OR** junk yard receipt **OR** relative's new registration.

SUBSCRIBED THIS _____ DAY OF _____, 2____ UNDER THE PENALTIES OF PERJURY.

SIGNATURE OF ASSESSED PERSON: _____