

Town of Salisbury, Massachusetts



Request for: Municipal Lien Certificate

Map# _____ Parcel# _____

Name of Requestor: _____

Requestor Street Address: _____

Requestor City Address: _____

Telephone #: _____

I _____ request a Municipal Lien Certificate for the above Map& Parcel, property located at _____, property owner _____.

Re-finance: _____

Sale: _____

Name of New Owner: _____

Please check applicable one box!

☐ ***Please mail Certificate back in enclosed envelope***

☐ ***Please call for pick up of Certificate.***

***Christine D. Caron
Tax Collector/Treasurer***

Be sure to include a self-addressed, stamped envelope with your request.

MLC Form10202008

**5 Beach Road, Salisbury, MA 01952
978-465-0331
fax: 978-462-4176**