



## Town of Ashland, *Office of Treasurer/Collector*

### MUNICIPAL LIEN REQUEST FORM

Date: \_\_\_\_\_

I hereby request a municipal lien certificate on the property described below:

Map & Parcel (required): \_\_\_\_\_  
(If you do not have the above it may be obtained from the Assessor's Office 508-881-0100 ext 2012)

Name of Current Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Please check one: SALE \_\_\_\_\_ REFINANCE \_\_\_\_\_

If a sale new owners name if known: \_\_\_\_\_

Return the lien to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town/Zip: \_\_\_\_\_

A check of \$50.00 should be included with this form. A self-addressed, stamped envelope is required.

Requested by: \_\_\_\_\_

For final water/sewer readings, please contact the DPW 508-881-0120 ext 7952 or ext 7951

