

Date Received: _____

Received by: _____

Mailed/Faxed On: _____

TOWN OF WESTMINSTER

MUNICIPAL LIEN CERTIFICATE REQUEST FORM

Date of Request: _____

To: Town of Westminister
Treasurer/Collector's Office
11 South Street
Westminister, MA 01473

Ph: 978-874-7403

Fax: 978-874-7411

Requested by: _____

Contact Phone: _____

Property Owners: _____

Property Location: _____

Assessor's Map: _____ Parcel: _____

Refinance: _____ Sale: _____

Property Sold To: _____

NOTE: Make check payable to: Town of Westminister for \$25.00 per parcel. Please provide a self-addressed, stamped envelope with request.

Enclosed is a check for \$ _____.