

For Office Use Only:
Date: _____
Amount: _____
Check#: _____

Town of Seekonk
Office of the Treasurer/Collector
100 Peck Street
Seekonk, MA 02771

Collector: (508) 336-2930 / (508) 336-9139 (Fax)

MUNICIPAL LIEN CERTIFICATE REQUEST

Property Owner: _____

Property Address: _____

Parcel Number: _____

Requested By:

Firm Name: _____

Address: _____

Telephone: _____

Date of Request

Signature of Individual submitting request

The Tax Collector's Office has ten business days, after receiving a written request, to furnish a Municipal Lien Certificate. Acts 1983, Chap. 332

It is necessary to include a self-addressed stamped envelope with each request.