

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: \_\_\_\_\_

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Date of Request

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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.