

# *Town of Scituate*

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Treasurer/Collector

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## **MUNICIPAL LIEN CERTIFICATE REQUEST**

Date of request: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Location of Property:

Parcel: Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

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

Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check

Sale \_\_\_\_\_ Refi \_\_\_\_\_ Other \_\_\_\_\_