

Please include a self-addressed stamped envelope when ordering a municipal lien

**REQUEST FOR A LIEN CERTIFICATE
MASSACHUSETTS**

Date: _____

\$25.00 per parcel. Payable in advance to: TOWN OF SOUTHWICK

NAME OF PERSON ASSESSED: _____

NEW OWNER: _____

LOCATION OF PROPERTY: _____

MAP# _____ BLOCK# _____ LOT# _____

Closing date or date interest should be figured to: _____

Reason for Request: Refinance _____ Sale: _____

Lien Certificate Paid by: _____

Address: _____

Phone: _____

Authorized signature: _____

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Important:

Please fill in the above form completely so that we may research the correct parcel of property. Please allow sufficient time to closing date to process your lien. Due to the great demand for municipal lien certificates we must ask that you please use this form. It has been created to help us expedite your lien request more efficiently. Your cooperation would be greatly appreciated.

Town of Southwick

***Collectors Office - Town Hall - 454 College Hwy - Southwick, MA 01077
(413)569-5504***