

MUNICIPAL LIEN CERTIFICATE FORM

Date: _____

I, _____, hereby request a lien certificate.

Paid by: _____

Address: _____

Telephone: _____ Cell Phone: _____

Fax: _____

Property Assessed to: _____

Property Address: _____

Map _____ Lot _____

Please enclose a completed form and check made payable to the Town of Easton.

Mail to: Town of Easton
 Collector's Office
 136 Elm Street
 North Easton, MA 02356

Enclose a self-addressed stamped envelope for the return of your MLC.

Checks should be made out in the amount of:

- \$50.00 Residential properties
- \$100.00 Multi family unit (4 or more)
- \$150.00 Commercial/Industrial properties

All requests will be returned within 10 business days of receipt.