

For Of  
Date: \_\_\_\_\_  
Amount  
Check

**Town of Seekonk  
Tax Collector's Office  
100 Peck Street  
Seekonk, MA 02771**

**Municipal Lien Certificate Request**

**Parcel I.D.:**

1) Plat: \_\_\_\_\_ Lot: \_\_\_\_\_

Assessed Owner: \_\_\_\_\_  
Location of Property: \_\_\_\_\_  
\_\_\_\_\_

2) Plat: \_\_\_\_\_ Lot: \_\_\_\_\_

Assessed Owner: \_\_\_\_\_  
Location of Property: \_\_\_\_\_  
\_\_\_\_\_

3) Plat: \_\_\_\_\_ Lot: \_\_\_\_\_

**Assessed Owner:** \_\_\_\_\_

**Location of Property:** \_\_\_\_\_

**Requested By:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_