

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:** \_\_\_\_\_