

TOWN OF BLACKSTONE
LIEN CERTIFICATE REQUEST FORM

TO: TOWN OF BLACKSTONE
TREASURER-COLLECTOR'S OFFICE
15 ST PAUL ST
BLACKSTONE, MA 01504
(508) 883-1500

RECEIVED:

FROM: _____ DATE REQUESTED: _____

TEL # _____

PROPERTY OWNERS NAME: _____

PROPERTY LOCATION: _____

MAP: _____ LOT: _____

REASON FOR REQUEST: RE-FINANCE: _____ SALE: _____

IF PROPERTY IS BEING SOLD PLEASE PROVIDE THE FOLLOWING
INFORMATION:

NAME OF NEW OWNER: _____ CLOSING DATE: _____

MAILING ADDRESS: _____

**NOTE: PROVIDE A SELF-ADDRESSED, STAMPED
ENVELOPE WITH REQUEST ALONG WITH
A \$ 25.00 CHECK MADE PAYABLE TO:
TOWN OF BLACKSTONE**

SIGNATURE OF APPLICANT