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

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

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SIGNATURE OF APPLICANT