

Tel: 508-278-8600 ext.2003 stletalien@uxbridge-ma.gov

Municipal Lien Certificate Request

| Date of Request: | | |
|--|-------------------|-------------------|
| Name of Requestor: | | |
| This request is in reference to: Sale: | Refinance: | Other: |
| Property Location: | | |
| Assessed Owner: | | |
| Parcel ID: | | |
| Request to be: Mailed: Picked up: Pho | one: | |
| PLEASE INCLUDE A SELF- ADDRESSED STAMF LIKE THE REQUEST MAILED. | PED ENVELOPE IF \ | <u> /OU WOULD</u> |
| Fee Schedule: All MLC's are \$50.00 | per parcel. | |
| Please make checks payable to: Town of Uxbridge | | |