

TOWN OF TRURO
OFFICE OF TREASURER-COLLECTOR OF TAXES
24 Town Hall Rd, PO Box 2012, Truro, MA 02666

Certificate of Municipal Lien Request Form

Date: _____

I hereby request a Municipal Lien Certificate for the property described below:

Map and Parcel:

(REQUIRED) (If you do not have the map & parcel please call the Assessor's office at 508-349-7004 x117)

Current Owner:

Property Address:

Please check one: SALE

REFINANCE

Return the Certificate to:

Name:

Address:

City/Town, State, Zip Code:

Phone:

A check for \$25.00 per parcel should be included with this form. PLEASE INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE.

Signature: _____