



**MASSACHUSETTS**

Office of the Treasurer and Collector of Taxes  
Town Hall  
Post Office Box 210  
Arlington, Massachusetts 02476-002

(781) 316-3030  
FAX: (781) 316-3039

Date:

Dear Sir:

I hereby request a municipal lien on the property located at, if on a corner please indicate: \_\_\_\_\_

The name of the present owner, if know: \_\_\_\_\_

The lien will be returned to (Please fill in): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Zip Code: \_\_\_\_\_

A fee of \$50.00 will be collected on a municipal Lien, and a self-addressed stamped envelope is required.

Sincerely,

\_\_\_\_\_