

**Town of Arlington**

**Municipal Lien Certification Request Form**

This MLC Request Form, a fee of \$50.00, and a self-addressed stamped envelope should be returned to the Treasurer’s Office at the address below.

Date:

**Office of the Treasurer & Collector of Taxes  
Post Office Box 210  
730 Massachusetts Avenue  
Arlington, MA 02476**

I hereby request a municipal lien on the property located at (if on a corner please indicate):

<b>Address</b>	
<b>Current Owner</b>	
<b>Parcel #</b>	
<b>Transaction Type</b>	
<b>Requested By</b>	