



Request for Municipal Lien Certificate

Requested By: _____

Office Address: _____

Office Phone Number: _____ Office Fax Number: _____

Date of Request: _____

Sale: _____ OR Refinance: _____

Current Owner:

Property Address:

Book: _____ Page: _____ Lot Number: _____

Certificate Number: _____ Parcel Identification: _____

Additional Notes / Comments: