



MUNICIPAL LIEN CERTIFICATE REQUEST
Office of the Collector/Treasurer

Date Received: _____

Attorney's Name: _____

Attorney's Address: _____

Attorney's Phone Number: _____

Property Owner(s)' Name: _____

Property Address: _____

Assessor's Map #: _____ **Parcel #:** _____

SALE OR REFINANCE

Buyer(s)' Name: _____

Closing Date scheduled for: _____