

Request

CERTIFICATE OF MUNICIPAL LIENS

Date: _____

Treasurer/ Collector
325 Main Street
Oxford, MA 01540

Current owner:

Property location:

Map _____ Parcel _____

I enclose my check for **\$50.00 per parcel** and request that you issue a Certificate of Municipal Liens.

I will pick up, please call _____

Please mail the certificate to me in the *enclosed, self-addressed, stamped envelope*.

(Name) _____

(Address) _____

(Phone) _____