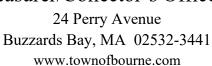


TOWN OF BOURNE

Treasurer/Collector's Office





Please duplicate this form for your own use. Use a separate form for each tax parcel.

Enclose a check in the amount of \$50.00 payable to: Town of Bourne, if several requests are mailed together, one check may be used.

Town of Bourne Request for Municipal Lien Certificate

Requested By:	(name)		
Address:			
Telephone:		Date of l	Request:
Name of Assessed Owner(s):			
Location of Property:	(Street Address) (Village)		
Assessor's Identification Numbers:			
Map: Parce	l:]	Lot:	
If this request is due to a sale of ownership please include the owner's name and address. Name:			
Address:			
(Street and Mailing)			
When the request is completed would you like it:			
Maile (please enclose self-addi	ed essed stamped envelope)		Picked Up

Please allow ten (10) business days to process this request for a Municipal Lien Certificate.

Erica Flemming, Town of Bourne Finance Director 24 Perry Avenue Buzzards Bay, MA. 02532