



**TOWN OF CARVER
TREASURER – TAX COLLECTOR**

Town Hall – PO Box 67
Carver, Massachusetts 02330
Telephone (508) 866-3434
Fax (508) 866-3436

**Municipal Lien Request
(All Fields Must Be Completed)**

Fee: \$25.00 per parcel

Requestor's Name: _____

Requestor's Address: _____

Requestor's Tel #: _____

Owner of Record: _____

Parcel Location: _____

Parcel ID: _____

Map - Block - Lot

Reason for Request: Sale Refinance *(circle one)*

MLC to be: Mailed Picked Up *(circle one)*

** If MLC is to be mailed, a ***Stamped, Self-Addressed Envelope*** must be included with the request. If it will be picked up, a phone number is required.

Please return this form to the Collector's Office by mail or in person with the appropriate fee.

Requestor's Signature

Date