Municipal Lien Request
(All Fields Must Be Completed)

FEE: $50.00 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