

Date Received: _____
Received by: _____
Mailed/Faxed On: _____

TOWN OF AVON

MUNICIPAL LIEN CERTIFICATE REQUEST FORM

Date of Request: _____

To: Town of Avon
Treasurer/Collector's Office
65 East Main Street
Avon, MA 02322

Ph: 508-588-0414
Fax: 508-559-0209

Requested by: _____

Contact Phone: _____

Property Owners: _____

Property Location: _____

Assessor's Map: _____ Parcel: _____

Refinance: _____ Sale: _____

Property Sold To: _____

NOTE: Make check payable to: Town of Avon for \$50.00 per residential parcel and \$100 per Commercial Industrial Parcel. Please include a self-addressed, stamped envelope with request.

Enclosed is a check for \$ _____