



TOWN OF BELLINGHAM

Office of the Treasurer/Collector
10 Mechanic Street
Bellingham, MA 02019
Phone (508) 657-2848
Fax (508) 966-5804

Application for Municipal Lien Certificate

Date: _____

Name of Requestor: _____

Mailing Address: _____

Town/State/Zip: _____

Phone: _____

Method of Delivery (Select one): Return by Mail (SASE Provided) Pick Up

Name of Assessed Owner: _____

Property Location: _____

Map: _____ Block: _____ Lot: _____

Reason for Request (Select One):

Sale Refinance Foreclosure Other: _____

Signature of Applicant: _____

Fee: \$50.00 per parcel

Please allow ten business days for processing and provide a **self-addressed stamped envelope** if the lien certificate is to be mailed. No MLCs will be released until payment is received.