

**TOWN OF STOUGHTON
TREASURER – TAX COLLECTOR**

Town Hall – 10 Pearl St
Stoughton Massachusetts 02072
Telephone (781) 341-1300
Fax (781) 341-1032

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

\$50.00 – Residential dwellings up to 3 units

\$100.00 – Residential dwellings 4 and more units

\$150.00 – Commercial/Industrial buildings

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 Treasurer's Office by mail or in person with the appropriate fee.

Requestor's Signature _____

Date _____