

TOWN OF RAYNHAM

OFFICE OF TAX COLLECTOR

558 South Main Street  
Raynham, Massachusetts 02767  
(508) 824-2702

MUNICIPAL LIEN CERTIFICATE REQUEST

Date \_\_\_\_\_

I, \_\_\_\_\_, do hereby request a Certificate

of Lien on property located in the Town of Raynham as follows:

Name of Property Owner \_\_\_\_\_

Current Owner

Property Location: \_\_\_\_\_

Map \_\_\_\_\_ Parcel \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_  
From Assessors Map if Known

Requested By:

Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Telephone # \_\_\_\_\_

Please indicate:      SALE \_\_\_\_\_      REFINANCE \_\_\_\_\_

**Enclose a check for \$50.00 per certificate requested, regardless of residential or commercial and include a self-addressed stamped envelope.**