



**TOWN OF BOXBOROUGH
TREASURER/COLLECTOR**

29 Middle Road, Boxborough, Massachusetts 01719
Phone (978) 264-1715 • Fax (978) 264-3127
predmond@boxborough-ma.gov

Municipal Lien Request
(All Fields Must Be Completed)

Fee: \$25.00 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