



**TOWN OF FREETOWN  
TREASURER/COLLECTOR'S OFFICE  
3 NORTH MAIN ST., P.O. BOX 438  
ASSONET, MA 02702**

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

Date: \_\_\_\_\_

**Requested by:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**PROPERTY INFORMATION**

Parcel ID (Map & Lot) \_\_\_\_\_

Street Address \_\_\_\_\_

Assessed Owner \_\_\_\_\_

Reason for Request (*check one*)

Sale \_\_\_\_\_ Refinance \_\_\_\_\_ Foreclosure \_\_\_\_\_ Planning Board \_\_\_\_\_

Fees: Residential Property: \$50.00 *per parcel*  
Commercial Property: \$100.00 *per parcel*

Please return this form to the Collector's Office by mail with a self-addressed Stamped envelope or in person with the correct fee amount.