

*Town of South Hadley
Collector's Office
116 Main Street, South Hadley, MA 01075
Phone: 413-538-5020 Fax: 413-538-7565
taxcollector@southhadley.org*

MUNICIPAL LIEN REQUEST FORM

Date: _____

I hereby request a municipal lien certificate on the property described below:

Map & Parcel

(REQUIRED) _____

(If you do not have the above it may be obtained from the Assessor's Office at 538-5027 or on the Assessor web page)

Name of Present Owner: _____

Property Address: _____

Please check one: SALE _____ REFINANCE _____

If a sale new owners name if known: _____

Return the lien to:

Name: _____

Address: _____

City/Town/Zip _____

Phone: _____

A check of \$25.00 should be included with this form. A self-addressed, stamped envelope is required.

Requested By: _____

