



Town of Chilmark

Municipal Lien Certificate Request

Date: _____

Address of Parcel: _____

Owner of Parcel: _____

Parcel Number: _____ - _____ - _____

Requestor's Name: _____

Requestor's Address: _____

Requestor's Phone and/or Email: _____

Price: \$25.00 per certificate

Please make checks payable to the Town of Chilmark and include a self-addressed stamped envelope.

If this parcel is being sold, where should the tax bill for this parcel be sent?

Buyer's Name: _____

Buyer's Address: _____
