



**TOWN OF HOPKINTON**  
**OFFICE OF TREASURER/COLLECTOR**  
18 Main Street  
Hopkinton, Massachusetts 01748  
Telephone 508-497-9715  
E-mail [scifton@hopkintonma.gov](mailto:scifton@hopkintonma.gov)

**MUNICIPAL LEIN CERTIFICATE REQUEST FORM**

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

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

**Parcel ID:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*(If you do not have the parcel ID please call the Assessor's Office at 508-497-9720)*

**Name of Present Owner:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

\_\_\_\_\_

**Please check one:** Sale \_\_\_\_\_ Refinance \_\_\_\_\_

If a sale – New owners name if known: \_\_\_\_\_

Return this lien to:

**Name or Business:** \_\_\_\_\_

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

**City/Town/Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Requested By:** \_\_\_\_\_

**Treasurer's Office Use Only**

**Fee Charged:** Residential \$50.00  Commercial \$150

**Paid By:** Check  Number: \_\_\_\_\_ Cash  Credit Card

**Date Paid:** \_\_\_\_\_