

TOWN OF HULL
OFFICE OF THE TREASURER- COLLECTOR

Eileen White
Treasurer-Collector

Request for Municipal Lien Certificate

Requestor's Name _____

Requestors Address _____

Requestors Tel # _____

Owner of Record _____

Property Address _____

Parcel ID _____

Please Indicate Sale Refinance (Circle One)

Please return this form to the collector's office with a check for \$35.00 made payable to the Town Of Hull, and a stamped self addressed envelope.

Requestor's Signature

Date