



TOWN OF COHASSET
OFFICE OF THE TREASURER COLLECTOR
41 HIGHLAND AVE
COHASSET, MA. 02025

Municipal Lien Request
(All Fields Must Be Completed)

Requestor's Name: _____

Requestor's Address: _____

Requestor's Tel #: _____

Owner of Record: _____

Parcel Location: _____

Parcel ID: _____
(Map Block & Lot)

Reason for Request: Sale Refinance (*circle one*)

Requestor's Signature

Date

Please return this form to the Collector's Office by mail with a self-addressed stamped envelope or in person with the \$50.00 fee per parcel.