



TOWN OF MARSHFIELD
OFFICE OF THE TREASURER COLLECTOR
870 MORaine STREET
MARSHFIELD, MA 02050

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*)

Please return this form to the Collector's Office by mail or in person with the appropriate fee.

Requestor's Signature

Date

The fee schedule per MGL Chapter 60 §23B is as follows:

Land less than 1 acre with no permanent structure	\$50
Land with no more than 1, 2 or 3 family residence	\$50
Residential condominium	\$50
Land with residence for 4 or more families	\$100
Land with commercial, industrial or utility structures	\$150
Commercial condominiums	\$150
Farms, forest land and all other	\$50
Land more than 1 acre with no permanent structures	\$50