



Office of the Collector
Town of Fairhaven
40 Center Street
Fairhaven, MA 02719

Date:

Dear Sir:

I hereby request municipal lien on the property located at the following address

_____ MAP _____ Lot _____

The name of the present owner, if known: _____

The lien will be returned to (Please Fill in):

Name: _____

Address: _____

City/Town: _____

Zip Code: _____

A fee of \$50.00 for residential and \$150.00 for commercial property will be collected on a municipal lien, and a self addressed stamped envelope is required.