



**CITY OF WESTFIELD, MASSACHUSETTS
OFFICE OF CITY COLLECTOR**

REQUEST FOR MUNICIPAL LIEN CERTIFICATE

Date: _____

Requested for: _____
(Name of Property Owner)

Property Location: _____
(Street Address)

Parcel ID: _____
(Map/Lot)

Fee for municipal lien certificate is **\$25.00** per parcel. Multiple lots can be included on one request form. Please enclose completed form and a self-addressed stamped envelope. Check made payable to the **City of Westfield.**

Requested by: _____
(Name of business or Law Office)

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Sale Refinance Insurance Claim Other _____

Mail to: City of Westfield
Collector's Department
59 Court Street
Westfield, MA 01085
Attn: Shella

All requests will be returned within ten (10) business days of receipt.