Municipal Lien Request

Town of Monson

Date: _____

Person requesting MLC: _____

Address of requestee: _____

Contact number: _____

Parcel ID: _____

Address of property: _____

Owner: _____

Signature: _____

All requests are completed within ten business days. Please forward a check for **$50.00**, as well the request and a postage paid envelope to:

Town of Monson
Collector's Office
P.O. Box 31
Monson, MA 01057