



Town of Bridgewater
66 Central Square
Bridgewater, MA 02324
collector@bridgewaterma.org

To: Treasurer/ Collector

Date: _____

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

In accordance with Chapter 60 Section 23 as amended, please furnish me with a Certificate of Municipal Liens on the property listed below.

Enclosed please find a self-addressed, stamped envelope and payment of \$50.00 per parcel.

Owner of Record: _____

Location of Property: _____ Map: _____ Parcel: _____

Contact Name: _____ Phone Number: _____