



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.