## TOWN OF WEST GREENWICH

## REQUEST FOR MUNICIPAL LIEN CERTIFICATE

Request for Certificate under the General Laws of the State of Rhode Island (§44-7-11, 1956 as amended)

Requested for:			
	(Name of Prop	erty Owner)	
Property Location	1:		
	(Street A	ddress)	
Assessor's Plat: _	Lot:	Account #:	· · · · · · · · · · · · · · · · · · ·
	Fee for municipal lien cer Multiple lots may be inclu Please include a self-addr	ded on one request form.	
Requested by:			
Mailing Address:_			
Phone Number: _			
Email:			

Town of West Greenwich
Tax Collector's Office
280 Victory Highway
West Greenwich, RI 02817