Date _____
Check# _____
Cash _____

TOWN OF LINCOLN
REQUEST FOR CERTIFICATE
UNDER 44-7-11 OF THE
GENERAL LAWS OF RHODE ISLAND

NAME OF TAXPAYER _____

PROPERTY ADDRESS _____

_____ Refinance
_____ Sale of Property

ASSESSOR' S PLAT _____ LOT_____ UNIT _____ if applicable

ACCOUNT NO. _____

RETURN TO:

NAME _____

PHONE # _____

_____ SELF-ADDRESSED STAMPED ENVELOPE ENCLOSED

_____ ADDITIONAL POSTAGE ENCLOSED

ADDRESS _____

_____