



**COUNTY OF BUCKS  
TAX CLAIM BUREAU**

**KRISTIAN A. BALLERINI, DIRECTOR**  
55 East Court Street  
Doylestown, PA 18901

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**Phone: (215) 348-6274**

**REQUEST FOR LIEN CERTIFICATE**

Date: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Settlement or Re-Finance Date: \_\_\_\_\_

Requested By: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

File Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\$15.00 Certificate Fee Enclosed: \_\_\_\_\_

Return Envelope Enclosed: \_\_\_\_\_

**Please allow 10 days for processing. Along with the check a self-addressed, stamped envelope must be included in order to process the request. We cannot accept faxed requests, or send the lien certificate by fax or email.**