

Fee \$25.00

NORTH STRABANE TOWNSHIP  
1929 Route 519, Canonsburg, PA 15317  
MUNICIPAL LIEN LETTER REQUEST

NAME OF PROPERTY OWNER \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_

\_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS OF PROPERTY IN QUESTION \_\_\_\_\_

\_\_\_\_\_ PHONE # \_\_\_\_\_

PARCEL # \_\_\_\_\_ LOT # \_\_\_\_\_ ACREAGE \_\_\_\_\_

FORWARDING ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE # \_\_\_\_\_

Rentors Name \_\_\_\_\_

Address \_\_\_\_\_ PHONE # \_\_\_\_\_

**PURCHASER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**DATE OF REQUEST:** \_\_\_\_\_ **EST. CLOSING DATE:** \_\_\_\_\_

Realtor/Contact Person \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE# \_\_\_\_\_

PICK UP \_\_\_\_\_ MAIL \_\_\_\_\_

NOTES: \_\_\_\_\_

**\*\*OFFICE USE ONLY\***

SCHOOL TAX \_\_\_\_\_

TOWNSHIP TAX \_\_\_\_\_

WAGE TAX \_\_\_\_\_

SEWAGE RECORD \_\_\_\_\_