Peters Township Sanitary Authority 111 Bell Drive McMurray, PA 15317-3415 Ph. 724-941-6709 Fax 724-941-2283

APPLICATION FOR AUTHORITY CLAIM LETTER

Application Type: Sale Refinance Relocation Foreclosure New Construction Other Is this a rental property? YES NO If yes, attach a tenant list and addresses. Is there a structure on this Parcel: YES NO If yes, and a transfer of title is occurring, a Dye Test is required prior to issuance of an Authority Claim Letter. An Authority Claim Letter will not be released prior to a dye test being performed and any defects repaired and inspected. CURRENT OWNER/SELLER: Name of Property Owner(s): Service Address of Property: City: State: PA ZIP: Mailing Address: Effective Date: Email Address: Effective Date: BUYER INFORMATION: Name of Purchaser: Mailing Address: Approximate Closing Date: Closing Company: Phone: Email: Fax: Please enclose proper payment and allow (10) Business Days to process TO BE COMPLETED BY PTSA Date Application Received: Fee paid: Check #:	Application Date:	Non-Refundable Application Fee: <u>\$25.00</u> Payable to: Peters Township Sanitary Authority
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Name of Property Owner(s): Service Address of Property: City: State: PA ZIP: Mailing Address: City: State: ZIP: Forwarding Address: Email Address: BUYER INFORMATION: Name of Purchaser: Mailing Address: Purchaser's Phone Number: or Requested By: Closing Company: Contact Name: Phone: Email: Fax: Please enclose proper payment and allow (10) Business Days to process	Is there a structure on this Parcel: YES NO If yes, and a transfer of title is occurring, a Dye Test is required prior to issuance of an Authority Claim Letter.	
City:		
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City:	City:	State:PAZIP:
Forwarding Address:	Mailing Address:	
Email Address:	City:	State: ZIP:
BUYER INFORMATION: Name of Purchaser: Mailing Address: Purchaser's Phone Number: Or Requested By: Closing Company: Contact Name: Email: Phone: Phone: Fax: Please enclose proper payment and allow (10) Business Days to process TO BE COMPLETED BY PTSA	Forwarding Address:	Effective Date:
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Contact Name:Phone: Email:Fax: Please enclose proper payment and allow (10) Business Days to process TO BE COMPLETED BY PTSA	Closing Company:	Phone:
Please enclose proper payment and allow (10) Business Days to process TO BE COMPLETED BY PTSA	Contact Name:	Phone:
TO BE COMPLETED BY PTSA	Email:	Fax:
TO BE COMPLETED BY PTSA	Please enclose proper payment and allow (10) Business Days to process	
Date Application Received: Fee paid: Cneck #:		
Comments:		

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