

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 Date: _____

Non-Refundable Application Fee: \$25.00
Payable to: Peters Township Sanitary Authority

Tax Parcel ID: _____

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: _____

City: _____ State: _____ ZIP: _____

Forwarding Address: _____ Effective Date: _____

Email Address: _____

BUYER INFORMATION:

Name of Purchaser: _____

Mailing Address: _____

Purchaser's Phone Number: _____ or _____

Requested By: _____ Approximate Closing Date: _____

Closing Company: _____ Phone: _____

Contact Name: _____ 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 #: _____

Comments: _____