

**Peters Township Sanitary Authority**  
**111 Bell Drive McMurray, PA 15317-3415**  
**Phone: 724-941-6709 Email: ptsageneral@ptsasonline.org**

**APPLICATION FOR AUTHORITY CLAIM LETTER**

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

Non-Refundable Application Fee: \$35.00

Payable to: *Peters Township Sanitary Authority*

Tax Parcel ID: \_\_\_\_\_

Application Type:  Sale  Refinance  Foreclosure  New Construction  Other (please specify) \_\_\_\_\_

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: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**BUYER INFORMATION:**

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Proposed Closing Date: \_\_\_\_\_

Closing Company: \_\_\_\_\_ Post-Closing Company: \_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**The applications for Authority Claim Letter and Dye Test Application  
Must be received at least 21 days in advance of the proposed closing date.**

**TO BE COMPLETED BY PTSA**

Date Application Received: \_\_\_\_\_ Fee paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Comments: \_\_\_\_\_