

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

APPLICATION FOR DOCUMENT OF CERTIFICATION

Application Date: _____

Non-Refundable Application Fee: \$15.00
Payable to Peters Township Sanitary Authority

Property Owner(s): _____

Service Address of Property: _____

Mailing Address if different from above: _____

Forwarding Address: _____

Tax Parcel ID: _____

Application Type: Sale Refinance Relocation Foreclosure
New Construction Other _____

Is Structure on this Parcel: YES NO

Requested By: _____ Phone: _____

Closing Company: _____ Phone: _____

_____ Fax: _____

A Certification Packet and additional information is available at: www.ptsaonline.org.

Please enclose proper payment and allow (10) Business Days to process

TO BE COMPLETED BY PTSA

Date Application Received: _____ Fee paid: _____ Check #: _____

Comments: _____