

**Peters Township Sanitary Authority**  
111 Bell Drive McMurray, PA 15317-3415  
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](http://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: \_\_\_\_\_