

\$35.00 Fee

**NORTH STRABANE TOWNSHIP
1929 ROUTE 519, CANONSBURG, PA 15317
MUNICIPAL LIEN LETTER REQUEST**

NAME OF PROPERTY OWNER _____

ADDRESS OF OWNER _____

_____ **PHONE#** _____

ADDRESS OF PROPERTY IN QUESTION: _____

PARCEL # _____ **LOT #** _____ **ACREAGE** _____

FORWARDING ADDRESS: _____

_____ **PHONE #** _____

Rentors Name _____

Address _____ **PHONE #** _____

PURCHASER NAME: _____

ADDRESS: _____

DATE OF REQUEST: _____ **EST. CLOSING DATE:** _____

Realtor/Contact Person: _____

COMPANY _____

ADDRESS _____

_____ **PHONE #** _____

PICK UP _____ MAIL _____

NOTES: _____

****OFFICE USE ONLY****

SCHOOL TAX _____

TOWNSHIP TAX _____

WAGE TAX _____

SEWAGE RECORD _____