



Center Township Sanitary Authority

224 Center Grange Road Aliquippa, PA 15001 / Office: (724) 774-0326

www.ctsapa.us

Municipal Lien Letter Request Form

Date: _____

Company Requesting: _____

Company E-mail Address: _____

*This e-mail will be used to return requested letter.

Property Address: _____

Parcel #: _____

Seller: _____

Buyer: _____

Closing Date: _____

Please allow ten (10) days from receipt of this request for processing.

Please return completed application and check made payable to CTSA in the amount of \$20.00 per parcel number.

If you would like the lien letter mailed to you, please include a self-addressed, stamped envelope. If you would like the lien letter e-mailed to you, please ensure that the correct e-mail address is provided above.