

PLEASE PRINT

Please note a 14-day advanced notice is required for all requests for downspout inspection.

REQUEST FOR:

WATER/SEWER/GARBAGE LIEN LETTER
DOWNSPOUT INSPECTION

_____ \$25 ENCLOSED
_____ \$50 ENCLOSED

Application Date: _____

Name of Applicant: _____

Address: _____

Phone: _____

Fax: _____

Name of Seller: _____

Address of Seller: _____

Name of Buyer: _____

Phone number of Buyer: _____

E-mail Address of Buyer: _____

LOCATION OF PROPERTY: _____

LOT AND BLOCK NUMBER: _____

ANTICIPATED CLOSING DATE: _____

Return application and check to:

MTMA
1700 Beaver Grade Rd, Ste 200
Moon Township, PA 15108
Phone: 412-264-4300
Fax: 412-262-9482