

NO LIEN REQUEST FORM

( Check or Money Order payable to "MAWT" )

Property Owner: \_\_\_\_\_

Property Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Tax Map No.: \_\_\_\_\_

Water/Sewer Account No. (if known): \_\_\_\_\_

Reason for Request:

SALE \_\_\_\_\_ REFINANCE \_\_\_\_\_ OTHER \_\_\_\_\_

Name of Purchaser (If Sale): \_\_\_\_\_

Closing Date: \_\_\_\_\_

Closing Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Daytime Telephone No.: \_\_\_\_\_ Fax No: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Check No. \_\_\_\_\_

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FOR OFFICE USE ONLY

Date Issued: \_\_\_\_\_

Faxed: \_\_\_\_\_

Municipal Authority of Washington Township  
1390 Fayette Avenue  
Belle Vernon, PA 15012  
(724) 929-3370 Fax (724) 929-2680