JORDAN TAX SERVICE, INC. MUNICIPALITY OF BETHEL PARK MUNICIPAL CLAIM LETTER APPLICATION

PLEASE ENCLOSE PROPER PAYMENT WITH REQUEST & ALLOW (7) SEVEN BUSINESS DAYS TO PROCESS REQUEST. REQUEST FOR MUNICIPAL CLAIM LETTER WILL BE RETURNED IF ALL DATA IS NOT COMPLETED.							
house/building: i.e. sa or refinancing witho	ale, family dee out a name ch	ed, divorce, mange.) Call (g Evidence of Compliance is rearriage, etc.(A Dye Test is NO Community Services Departme Payable to: "Municipality	T required for tent at (412) 831	he sale of va -6800 ext.1	acant land, new co	onstruction
JORDAN TAX SERVICE, INC.: (Total Fee \$			- made Payable to: "Jordan Tax Service, Inc." Municipal Claim Letter (Delinquent Sewage): \$10.00 Per Parcel				
Application Date:							
REFINANCE ?	YES	NO	MUNICIPAL CLAIM LETTI	ER REQUEST:		YES	NO
SALE?	YES	NO					
CLOSING DATE:	F	File #:	Block & Lot or Other	Description:			
	_						
OWNER/SELLER:			Home Phone #:				
Seller's Address:							
Seller's Soc. Sec.#'s:			Work Phone #:				
Property Addres	ss:						
Rental Property:	YES	NO	Commercial Property:	YES	NO	# of Units:	
Seller's Forwarding A	Address:						
BUYER'S NAME							
Buyer's Soc. Sec.#'s:	:						
Callaria Aganti					Dhone #		
Seller's Agent:					Phone #:		
Requested By:					Phone #:		
Closing Officer:					Phone #:		
Closing Company:					Phone #:		
Mailing Address:							
					Fax #:		
Email Address:	ENCI OSE DE	ODED DAVA	MENT WITH THIS REQUEST	& AII ()\A/ / 7 \	SEVEN DI	ISINESS DAVE T	·O
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PLEASE ENCLOSE PROPER PAYMENT WITH THIS REQUEST & ALLOW (7) SEVEN BUSINESS DAYS TO PROCESS THIS REQUEST. YOUR REQUEST FOR MUNICIPAL CLAIM WILL BE RETURNED &/OR NOT RELEASED IF ALL DATA IS NOT FULLY COMPLETED ON THIS FORM.

PLEASE INCLUDE SELF-ADDRESSED STAMPED ENVELOPE FOR RETURN REPLY

NO VERBALS OR FAXED INFORMATION WILL BE ISSUED FROM THIS OFFICE ON ANY REQUEST!