



## REQUEST FORM FOR LIEN LETTER

Please return this completed form along with the payment to:  
Borough of Markleysburg, PO Box 25, Markleysburg, PA, 15459  
*Questions? Phone: 724-329-1549 or*  
*Email: markleysburg@markleysburg.pa.us*

Today's Date: \_\_\_\_\_ Closing Date (if known): \_\_\_\_\_ Reference/File#: \_\_\_\_\_

Property Owner/Seller Name: \_\_\_\_\_

Property Location/Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parcel Information (one per form): Parcel ID: \_\_\_\_\_

Property Owner's Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Selling \_\_\_\_\_ Refinancing \_\_\_\_\_ Other (please explain)

Buyer's Name: \_\_\_\_\_

Buyer's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Applicant's Information:**

Name of Requester: \_\_\_\_\_

Firm/Company Name (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Method of Response:  Email  Mail

I understand that the fee for this requested lien letter is \$20/parcel and that payment must accompany this request. I agree to comply with the terms and conditions set forth by the Borough of Markleysburg regarding the issuance of lien letters.

Enclosed is a check/money order in the amount of \$\_\_\_\_\_ payable to Borough of Markleysburg

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LETTER WILL BE PREPARED WITHIN FIVE (5) BUSINESS DAYS AFTER RECEIPT OF PAYMENT. FEE IS PER PARCEL. IF THIS PROPERTY DOES NOT CLOSE ON THE DATE SHOWN ABOVE, IT IS YOUR RESPONSIBILITY TO CONTACT THE BOROUGH, IN WRITING OR EMAIL, FOR AN UPDATED AMOUNT. THE BOROUGH CANNOT PROVIDE VERBAL UPDATES.

For Office Use Only: Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Payment Received: \_\_\_\_\_