



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#: _____

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 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: _____

Property Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parcel Information (one per form): Parcel ID: _____

Selling _____ Refinancing _____ Other (please explain) _____

Property Owner's Forward Address (if applicable): _____

Buyer's Name: _____

Current Address of Buyer: _____

City: _____ State: _____ Zip Code: _____

LETTER WILL BE PREPARED WITHIN THREE (3) BUSINESS DAYS AFTER RECEIPT OF PAYMENT. 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: _____