

**OHIO TOWNSHIP / AVONWORTH SCHOOL DISTRICT**  
**TAX CERTIFICATION, SEWAGE LETTER AND/OR MUNICIPAL CLAIM LETTER APPLICATION**

**PLEASE ENCLOSE PROPER PAYMENT WITH REQUEST & ALLOW (10) BUSINESS DAYS TO PROCESS REQUEST. MUNICIPAL CLAIM, SEWAGE LETTER, AND TAX CERTIFICATION REQUESTS WILL BE RETURNED IF ALL DATA IS NOT COMPLETED.**

KRISTEN PONTELLO - TAX COLLECTOR (Total Fee \$ \_\_\_\_\_) - made payable to "Kristen Pontello Tax Collector"  
 Mail To: 1719 Roosevelt Road

Property Tax Certification: \$35.00 Per 3 YRS. / Per Parcel  
 Pittsburgh, PA 15237  
 Phone: (412) 528-4858

OHIO TOWNSHIP (Total Fee \$ \_\_\_\_\_) - made payable to: "Ohio Township Sanitary Authority"  
 SANITARY AUTHORITY Mail To: 1719 Roosevelt Road

Sewage Letter: \$35 Per Parcel  
 Pittsburgh, PA 15237  
 Phone: (412) 364-4549

OHIO TOWNSHIP (Total Fee \$ \_\_\_\_\_) - made payable to: "Township of Ohio"  
 Mail To: 1719 Roosevelt Road

Municipal Claim Letter: \$35.00 Per Parcel  
 Pittsburgh, PA 15237  
 Phone: (412) 364-6321

Smoke / Dye Test: \$35.00 Per Parcel

Application Date: \_\_\_\_\_ MUNICIPAL CLAIM LETTER REQUEST: YES NO

REFINANCE? YES NO TAX CERTIFICATION LETTER REQUEST YES NO

SALE? YES NO TAX CERTIFICATION - LIST YEARS: \_\_\_\_\_

CLOSING DATE: \_\_\_\_\_ FILE #: \_\_\_\_\_ Property Tax Identification Number: \_\_\_\_\_

OWNER / SELLER \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Seller's Address \_\_\_\_\_

Seller's Social Security #'s \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Seller's Forwarding Address: \_\_\_\_\_

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

Is a structure on this land? YES NO Rental Property: YES NO Commercial Property: YES NO #Units: \_\_\_\_\_

BUYER'S NAME: \_\_\_\_\_

Move In Date: \_\_\_\_\_

Seller's Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Requested By: \_\_\_\_\_ Phone #: \_\_\_\_\_

Closing Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Closing Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

**PLEASE ENCLOSE PROPER PAYMENT WITH THIS REQUEST & ALLOW TEN (10) BUSINESS DAYS TO PROCESS THIS REQUEST. PLEASE NOTE: YOUR REQUEST FOR TAX CERTIFICATION / MUNICIPAL CLAIM LETTER WILL BE RETURNED AND/OR NOT RELEASED IF ALL DATES AND SOCIAL SECURITY NUMBERS ARE NOT INCLUDED AND FULLY COMPLETED ON THIS FORM.**

**PLEASE MAIL TAX CERTIFICATION, SEWAGE AND MUNICIPAL LIEN REQUESTS IN SEPARATE ENVELOPES.**

PLEASE INCLUDE ONE (1) SELF-ADDRESSED STAMPED ENVELOPE FOR EACH ENTITY REPLY REQUEST.  
 NO VERBALS OR FAXED INFORMATION WILL BE ISSUED FROM THIS OFFICE ON ANY REQUEST.