



**CENTER TOWNSHIP WATER AUTHORITY**  
224 CENTER GRANGE ROAD  
ALIQUIPPA, PA 15001  
724-774-7960  
FAX 724-774-7049

## REQUEST FOR WATER LIEN LETTER

*Please note a 10-day advanced notice is required for all requests*

**Please Print or Type**

Application Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Seller: \_\_\_\_\_

Address of Seller: \_\_\_\_\_

Phone # and Email: \_\_\_\_\_

Name of Buyer: \_\_\_\_\_

Address of Buyer: \_\_\_\_\_

Phone # and Email: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

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

Please return **completed application** and check made payable to CTWA in the amount of \$10.00 per parcel number.