

ROSTRAVER TOWNSHIP SEWAGE AUTHORITY

1744 Rostraver Road, Rostraver Township, PA 15012 (724) 930-7667, FAX (724) 930-9401
TTY/TDD (800) 654-5984 or (800)-654-5988 (voice only)
(An Equal Opportunity Employer and Provider)

Requirements for the Issuance of No -Lien Letter

- ¾ Requests for lien letters must be received at least seven (7) days in advance of closing. The cost is \$25.00. To avoid delays in receiving your no-lien letter, we request that you use this form. NOTE, a request for a No-Lien letter less than seven days prior to closing, a \$100.00 surcharge may be added.
- ¾ Please see the Authority's regulations and Instruction regarding Time of Sale found on the website www.rostraversewage.com or by contacting the Authority Offices. Sale of a property, a No-Lien letter will be issued only after dye testing & lateral inspection have been completed and any repairs finalized.
- ¾ Refinancing does not require dye testing or lateral inspection to be completed.
- ¾ A forwarding address for the SELLER must be provided.
- ¾ RTSA does not guarantee nor warranty the sewer lateral inspected into the home or to the curb beyond the date of the inspection.

Please follow instructions above and the checklist requirements below. THANK YOU!

- x Request No-Lien Letter seven (7) days prior to closing
- x Read instructions for Time of Sale Regulations found on the Authority website or in the RTSA Offices accompanied with the No Lien Letter Document Packet, including dye test/lateral inspection documents and fees associated with this test. (not required for refinancing)
- x Submit dye-test/lateral inspection application and appropriate fees
- x Provide sellers forward address (not required for refinancing)

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APPLICATION FOR A NO-LIEN LETTER

Please read and review the above procedures to ensure a timely response to your no-lien letter request. Type or print information below and return completed application to Authority Office by mail or fax.

DATE OF APPLICATION _____

Current Property Owner _____

Property Address _____

Parcel ID _____

Sellers Forwarding Address _____

Purchaser's Name _____

Agency, Realtor or Person requesting No-Lien Letter _____

Contract Phone # _____

Date of Closing _____