

LAWRENCE HICKORY MUNICIPAL AUTHORITY

MUNICIPAL LIEN CERTIFICATION

PARCEL NO. 1:

Name of titled owner(s): _____

Property address: _____

Parcel Identification No.: _____

PARCEL NO. 2:

Name of titled owner(s): _____

Property address: _____

Parcel Identification No.: _____

***** *If additional space is required for multiple parcel numbers, please attach a list to this request.* *****

Date of Request: _____

Name of Requester: _____

Requestor's Address: _____

Requester's Phone: _____

Requester's Email: _____

Requester's Signature: _____

Name(s) of proposed buyer: _____

Proposed Buyer's Phone: _____

Proposed date of closing: _____

Response to the within request is contingent upon receipt of the proper tax certification fee, self-addressed, stamped envelope and form completion. If the information supplied is incorrect, my request will be returned unprocessed.

LMHA
Attn: Sharon Donaldson
P.O. Box 7957
New Castle, PA 16107

Checks made payable to: **"LMHA"**

Questions: Sharon Donaldson (724) 654-5934

Mon. & Wed. 9:00-12:00 & 1:00-3:30