

Township Lien Certification

Requester Information:

Name: _____

Address: _____

Phone: (____) _____

Facsimile: (____) _____

Email: _____

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**Property Information:**

Name of titled owner(s): \_\_\_\_\_

Property address: \_\_\_\_\_

Parcel Identification #: \_\_\_\_\_ Control No.: 22-\_\_\_\_\_

Buyer(s) Name: \_\_\_\_\_

Proposed date of closing: \_\_\_\_\_

**Remittance information:**

- Include your check made payable to: ***"Hickory Township"***
- Include a self-addressed, stamped envelope or fax number
- Send to:

Hickory Township  
Secretary/Treasurer  
2375 Eastbrook Road  
New Castle, PA 16105

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

\_\_\_\_\_  
Signature of Requester