Hickory Township

Questions: Lisa L. Schlemmer (724) 658-0510 Ext 101

Township Lien Certification

Requester Info	rmation:			
Name:			-	
Address:				
		<u>e</u> s		
Phone: ()	A STATE OF THE STA		
Facsimile: ()			
Email:				
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Property Infor	mation:			
Name of titled o	wner(s):	**************************************		
Property addres	s:		and and the state of the state of the state of	
Parcel Identifica	ition No.:			8
Buyer(s) Name:	***	°		
Proposed date of	f closing:			
Remittance in	formation:		w	
• Include ye	our check made p	ayable to: "Hickory To	wnship"	
• Include a	self-addressed, st	tamped envelope or fax i	number	
• Send to:		Hickory Township Secretary/Treasure		
		2375 Eastbrook Ros		
		New Castle, PA 161	2001	
Data				
Date:			ure of Requester	(

Office Hours: M-TH 9:00-12:00