
Hickory Township

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 No.: \_\_\_\_\_

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