

KENNEDY TOWNSHIP

MUNICIPAL CLAIM LETTER/DYE TEST INSPECTION APPLICATION

PLEASE ENCLOSE PROPER PAYMENT WITH REQUEST & ALLOW (7) SEVEN BUSINESS DAYS TO PROCESS REQUEST. MUNICIPAL CLAIM LETTER WILL NOT BE RETURNED IF ALL DATA ON THIS FORM IS NOT COMPLETED.

KENNEDY TOWNSHIP: Dye Testing Evidence of Compliance is required for any sale or refinance of a property with an existing house/building. A Dye Test Inspection is NOT required for the sale of vacant land, new construction or properties with septic systems.

_____ Please check if requesting DYE TEST CERTIFICATION (\$75.00 fee payable to "Kennedy Township").

KENNEDY TOWNSHIP: Municipal Claim Letter Fee: \$30.00 payable to "Kennedy Township".

MAIL (with payment) TO: KENNEDY TOWNSHIP, 340 FOREST GROVE ROAD, CORAOPOLIS, PA 15108 412-771-2321

APPLICATION DATE: _____

REFINANCE? _____ YES _____ NO MUNICIPAL CLAIM LETTER REQUEST? _____ YES _____ NO

SALE? _____ YES _____ NO LOT & BLOCK OR OTHER DESCRIPTION _____

CLOSING DATE: _____ FILE NUMBER: _____

OWNER/SELLER: _____ HOME PHONE NO. _____

SELLER'S ADDRESS: _____

SELLER'S SOCIAL SECURITY NUMBER: _____ WORK PHONE NO. _____

PROPERTY ADDRESS: _____

RENTAL PROPERTY: _____ YES _____ NO COMMERCIAL PROPERTY: _____ YES _____ NO # OF UNITS _____

SELLER'S FOWARDING ADDRESS: _____

BUYER'S NAME: _____

BUYER'S SOCIAL SECURITY NUMBER: _____

SELLER'S AGENT: _____ PHONE NUMBER: _____ EMAIL: _____

REQUESTED BY: _____ PHONE NUMBER: _____ EMAIL: _____

CLOSING OFFICER: _____ PHONE NUMBER: _____ EMAIL: _____

CLOSING COMPANY: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____ FAX NUMBER: _____

PLEASE ENCLOSE PROPER PAYMENT WITH THIS REQUEST & ALLOW SEVEN (7) BUSINESS DAYS TO PROCESS THIS REQUEST AFTER DYE TEST HAS BEEN CERTIFIED. YOUR REQUEST FOR MUNICIPAL CLAIM LETTER WILL NOT BE RETURNED &/OR NOT RELEASED IF ALL DATA IS NOT FULLY COMPLETED ON THIS FORM. **NO OTHER FORM WILL BE ACCEPTED.**

**PLEASE INCLUDE A SELF-ADDRESSED STAMMED ENVELOPE FOR RETURN REPLY.

**NO VERBALS WILL BE ISSUED FROM THIS OFFICE ON ANY REQUEST!

**PLEASE CONTACT JORDAN TAX SERVICE (724-731-2300) IF YOU HAVE ANY QUESTIONS.

**THE TOWNSHIP OF KENNEDY
REPORT OF TEST AND INSPECTION**

The Undersigned Registered, Licensed Plumber or Certified Technician has performed or supervised a dye test on the following property:

NAME: _____

ADDRESS: _____

This test conducted on _____

The results of this test are as follows:	Satisfactory	Violation
Downspouts and roof leaders		
Area drains receiving storm or surface water (driveway drains, etc.)		
Fresh air vent (must be of such a height and location as to prevent entry of storm or surface water)		
Other		

Manhole No. or Location Observed: _____

Water Shed (if applicable): _____

Explain below the location and circumstances of any violation:

I hereby certify that the information contained in this report is true and correct.

Name: _____

Registration No.: _____

Date: _____