

**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.**

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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").

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

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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 \_\_\_\_\_

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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 FORWARDING ADDRESS: \_\_\_\_\_

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BUYER'S NAME: \_\_\_\_\_

BUYER'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

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SELLER'S AGENT: \_\_\_\_\_      PHONE NUMBER \_\_\_\_\_      EMAIL \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_      PHONE NUMBER \_\_\_\_\_      EMAIL \_\_\_\_\_

CLOSING OFFICER: \_\_\_\_\_      PHONE NUMBER \_\_\_\_\_      EMAIL \_\_\_\_\_

CLOSING COMPANY: \_\_\_\_\_      PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_      FAX NUMBER \_\_\_\_\_

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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 STAMPED 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.**