

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

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

NAME: _____

ADDRESS: _____

This test conducted on _____

Date

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: _____

**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 FORWARDING 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 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.**