Information Regarding No-Lien Requests

1. We **DO NOT** accept any no-lien request by fax. Please give yourself an adequate amount of time to submit the request so you will receive it back by the closing date.

2. There is a charge of **$40.00 per no-lien request**. This means that if you have more than one address (and account) or the property has a water and sewage account with The Authority it will be $40.00 for each.

3. Please include on the request if the property is being sold or refinanced.

4. It is important that you provide as much information as possible on the property address and owner names. A street name or tax map number must be provided.

5. If there has been a 911 address change please provide the OLD address as this may help in processing your request.

6. Please submit the amount requested on the no-lien letter. The amount may be higher than the seller’s normal bill; however the additional amount requested covers the seller in the event there are any additional charges. An example of this occurs when an account has been estimated and an actual read is received at the time of the closing. There may be additional charges for consumption the seller is responsible for.

7. If the property has a sewage account with The Authority (Hempfield and Sewickley townships; Jeannette City; the boroughs of Ligonier, Penn, White Oak and Youngwood or I-70 Industrial) a Dye Test is also required. A Dye Test is $170.00. **Your lien requests will not be completed until the Dye Test has been completed and has passed.**

Your cooperation in this matter is appreciated and it will help us serve you more efficiently.

Thank you,

MAWC  
Lien Department  
724 755-5800  
x7005 or x7008

Mail Request(s) to:  
MAWC  
PO Box 730  
Greensburg, PA 15601
NO LIEN REQUEST FORM

Date: ____________________________

Company Name: ____________________________________________________________

Address: _________________________________________________________________

__________________________________________________________________________

Phone #: __________________________ Fax #: ________________________________

Seller’s Name: ____________________________

Service Address: __________________________________________________________

__________________________________________________________________________

Tax Parcel #: __________________________ Date of Closing: ______________________

Buyer’s Name: _____________________________________________________________

Purchase ______ Refinance _______ Foreclosure _______ Sheriff Sale _______

Type of Request: WATER _______ SEWAGE _________

Amount of Payment Included with request: $_________________ (each request is $40.00)

Comments: __________________________________________________________________

**Please make sure to fill in all information including a complete service address.
If proper information and payment are not included with the request it will be returned.**
Dye Test Instructions

Print the dye test request form (Page 4 of this document) from our website:
www.mawc.org

Mail a payment of $170.00 and the completed dye test request form to:

MAWC
PO Box 730
Greensburg, PA 15601

Additional Information

Entry into the structure is not required; therefore no one needs to be present for testing. All external drains on the property will be tested.

Please call (724) 755-5800x7005 or x7008 for test results and all other inquires.

NOTE: MAWC only tests properties located within Avonmore, Hempfield, Sewickley, Jeannette, Ligonier Borough, White Oak, Youngwood and Penn boroughs and I-70 Industrial Park.
SANITARY SEWER INSPECTION (DYE TEST) REQUEST FORM
Please complete this form and enclose the $170.00 fee made payable to MAWC.

*PROPERTY OWNER:________________________________________________________

*PROPERTY STREET ADDRESS:_______________________________________________

*CITY, STATE, ZIP:________________________________________________________

*TAX MAP NO.:______________________ LOT NO.:__________________ NO. OF UNITS ______

WATER/SEWER ACCT. NO. (IF KNOWN)________________________________________

SELLER’S REALTOR:________________________________________ AGENCY:_________

DAYTIME TELEPHONE NO.___________________ FAX NO._____________________

*REASON FOR REQUEST: SALE/REFINANCE/OTHER (IF OTHER LIST REASON)________________________________________

*IF SALE: NAME OF PURCHASER_____________________________________________

*CLOSING DATE:__________________________________________________________

*CLOSING COMPANY AND CONTACT PERSON:________________________________

*ADDRESS:________________________________________ CITY, STATE, ZIP:________

*DAYTIME TELEPHONE NO.:_________________________ FAX NO.:_______________

TODAY’S DATE:_________________ FEE PAID:_________________ CK. NO.________

________________________________________________________________________

FOR OFFICE USE ONLY

BILLING AREA: __________________________ ACCT NO: ______________

TAP#: ______________ DATE ISSUED: __________ DATE OF ORIGINAL INSPECTION: ________________________

DATE OF LAST RE-INSPECTION: ____________________________ INSPECTION REQUIRED: YES / NO

PERSON CALLED: __________________________________ DATE: ______________ TIME: __________

DATE SCHEDULED: ______________________ WATER ON: YES / NO