



## 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**

An Equal Opportunity Employer

124 Park and Pool Road  
New Stanton, PA 15672  
Phone: 724.755.5800  
1.800.442.6829



Mailing Address:  
P.O. Box 730  
Greensburg, PA 15601

www.mawc.org  
mawc@mawc.org

\*\*\*OFFICE USE\*\*\*

Date: \_\_\_\_\_

Service #: \_\_\_\_\_

Doc Type: S04 \_\_\_\_\_

Sub Type: NL \_\_\_\_\_

### 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.\*\***

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[www.mawc.org](http://www.mawc.org)  
[mawc@mawc.org](mailto:mawc@mawc.org)

"Regional Water  Wastewater Service"

## **Dye Test Instructions**

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

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**NOTE:** MAWC only tests properties located within Avonmore, Hempfield, Sewickley, Jeannette, Ligonier Borough, White Oak, Youngwood and Penn boroughs and I-70 Industrial Park.

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[mawc@mawc.org](mailto:mawc@mawc.org)

"Regional Water  Wastewater Service"

**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. \_\_\_\_\_

BILLING AREA: \_\_\_\_\_ FOR OFFICE USE ONLY  
ACCT NO: \_\_\_\_\_

TAP#: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ DATE OF ORIGINAL INSPECTION: \_\_\_\_\_

DATE OF LAST RE-INSPECTON: \_\_\_\_\_ INSPECTION REQUIRED: YES / NO

PERSON CALLED: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DATE SCHEDULED: \_\_\_\_\_ WATER ON: YES / NO