

City of Washington
Office of the City Clerk

Cathy B. Voytek, City Clerk
55 West Maiden Street
Washington, PA 15301
Phone: 724-223-4200 Ext 6
Fax: 724-223-4229

**APPLICATION FOR MUNICIPAL LIEN CERTIFICATE
\$50.00 FEE**

ADDRESS OF PROPERTY: _____

PARCEL NUMBER: _____

OWNER NAME(S): _____

(SALE) DYE TEST REQUIRED _____ REFINANCE _____ OTHER _____

3-YEAR TAX RECEIPTS (ADDITIONAL \$25.00 FEE) YES: _____ NO: _____

MAIL TO: _____

THIS FORM IS TO BE RETURNED ALONG WITH DYE TEST APPLICATION TO:
Office of the City Clerk, 55 West Maiden Street, Washington, PA 15301

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FOR OFFICE USE ONLY

CITY AND/OR SCHOOL TAXES OWED OR LIENED: _____

SOLID WASTE OWED: _____

EARNED INCOME TAXES OWED: _____

LIENS FOR BUILDING ZONING: _____

DOWNTOWN CAPITAL IMPROVEMENTS: _____

DOWNTOWN SPECIAL SERVICES: _____

NOTE: IF THERE ARE NO LIENS OR MONIES DUE, PLEASE INDICATE "NONE" BY YOUR DEPARTMENT