

**KENNEDY TOWNSHIP**  
**MUNICIPAL CLAIM LETTER/DYE TEST INSPECTION APPLICATION**

PLEASE ENCLOSE PROPER PAYMENT WITH REQUEST & ALLOW SEVEN (7) 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 Test Existence 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: **\$100.00 made payable to "Kennedy Township"**

Please check if requesting MUNICIPAL CLAIM LETTER: **\$40.00 made 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

SALE?             YES                       NO            LOT & BLOCK OR OTHER DESCRIPTION \_\_\_\_\_

CLOSING DATE: \_\_\_\_\_                      FILE NO.: \_\_\_\_\_

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OWNER/SELLER: \_\_\_\_\_ HOME PHONE NO.: \_\_\_\_\_

SELLER'S ADDRESS: \_\_\_\_\_

SELLER'S SOCIAL SECURITY NO.: \_\_\_\_\_ WORK PHONE NO.: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

RENTAL PROPERTY?     YES                       NO

COMMERCIAL PROPERTY?     YES                       NO            NO. OF UNITS: \_\_\_\_\_

SELLER'S FORWARDING ADDRESS: \_\_\_\_\_

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

BUYER'S SOCIAL SECURITY NO.: \_\_\_\_\_

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SELLER'S AGENT: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CLOSING OFFICER: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CLOSING COMPANY: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

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 AND OR NOT RELEASED IF ALL DATA IS NOT FULLY COMPLETED ON THIS FORM. NO OTHER FORM WILL BE ACCEPTED.

\*\*PLEASE INCLUDE SELF-ADDRESSED STAMPED ENVELOPE FOR RETURN REPLY.

\*\*NO VERBALS WILL BE ISSUED FRM THIS OFFICE ON ANY REQUEST

\*\*PLEASE CONTACT JORDAN TAX SERVICE (724) 731-2300) IF YOU HAVE ANY QUESTIONS.

# THE TOWNSHIP OF KENNEDY REPORT OF TEST AND INSPECTION

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

NAME: \_\_\_\_\_

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

This test conducted on: \_\_\_\_\_

The results of this test are as follows:	<b>Satisfactory</b>	<b>Violation</b>
Downspouts and Roof Leaders		
Area drains receiving storm or surface water (drive-way 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: \_\_\_\_\_