

From: Hopewell Township Sewer Department  
 1700 Clark Blvd.  
 Aliquippa, PA 15001  
 Fax: 724-512-0154      Date: 1-26-24  
 Phone: 724-512-0156

FAX

To: Stellar Innovations  
 Fax: 407-210-3113  
 Phone: \_\_\_\_\_  
 Pages: 3  
 Re: 1606 Maratta Road

CONFIDENTIAL

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**TOWNSHIP OF HOPEWELL**  
**1700 Clark Boulevard Aliquippa, PA 15001**  
**Telephone: 724-512-0156 - Fax: 724-512-0154**

**DATE: 01/26/2024**  
**TO: STELLAR INNOVATIONS**

**SUBJECT: LIEN STATEMENT**

**LIEN LETTER FEE: \$20.00**

**TWP. ACCT. NO.: 15955**

**PARCEL NO.: 65-012-0703-000**

**SELLER: ROBIN/LOUIS CECCARELLI**

**BUYER: "UNKNOWN"**

**LOCATION OF PROPERTY: 1606 MARATTA ROAD**

This letter is an estimate of account balance until the final water consumption reading. Account responsibility will not be adjusted until all outstanding balances have been liquidated.

<b>SEWER RENTAL:</b>	<b>\$ 204.00 (Dec-Feb) estimate</b>
<b>PREVIOUS UNPAID BALANCE DUE :</b>	<b>\$ ---0---</b>
<b>TOTAL AMOUNT DUE:</b>	<b>\$ 204.00</b>

**\*\*\*\*ALL REFUNDS ARE ISSUED TO SELLER FORWARDING ADDRESS REQUIRED\*\*\*\***

Information contained herein valid for not later than 30 days beyond the date of this notice. Please re-submit lien statement request for balance due beyond 30-day period.

Please remit payment to the address noted above not later than 30 days beyond closing date.

**CLOSING COMPANY:** Upon receipt (via fax) of the signatures noted below, the Township of Hopewell will begin account responsibility adjustment.

SIGNATURE OF SELLER: \_\_\_\_\_ DATE: \_\_\_\_\_

SELLER'S FORWARDING ADDRESS: \_\_\_\_\_  
(REQUIRED)

SIGNATURE OF BUYER: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME OF BUYER: \_\_\_\_\_

**PLEASE NOTE: HOPEWELL TOWNSHIP WILL NOT FULLY ADJUST ACCOUNT RESPONSIBILITY UNTIL ALL FUNDS HAVE BEEN RECEIVED AND TOWNSHIP HAS BEEN NOTIFIED OF FINAL CLOSING.**

*The blue recycling container is registered to the property and is to be left for the use of the buyer. A \$15.00 charge will be assessed to issue a new bin to the property.*



### HOPEWELL TOWNSHIP

1700 CLARK BOULEVARD  
ALIQUIPPA, PA 15001  
PHONE: 724-512-0156  
FAX: 724-512-0154

## APPLICATION FOR SEWER SERVICE

RENTER \_\_\_ OWNER \_\_\_

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

Name of Applicant: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ e-mail: \_\_\_\_\_

Parcel No.: \_\_\_\_\_

Application Date: \_\_\_\_\_ Service Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Previous Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Spouse's Work Address: \_\_\_\_\_

Spouse's Work Telephone Number: \_\_\_\_\_

Number of People in Family: \_\_\_\_\_

I/We hereby make application for use of sewer services and agree to be governed by the rates, rules and regulations as adopted by Hopewell Township and further agree that I/We shall not permit surface water, subsurface water, or roof drainage to be connected to, or enter into the sanitary sewer system from the described premises. I/We agree that in the event of default on any of the payments hereinabove agreed to be made, then the proper officers of Hopewell Township are hereby authorized and empowered to request and direct the Municipal Water Authority of Aliquippa or Creswell Heights Joint Authority to shut-off and discontinue water service to the premises above described, covered by this application, until as and when all such overdue charges, together with any penalties and interest thereon shall be paid and satisfied. The charges shall include the cost of turning off the water service and the cost of returning water service incurred.

Signature \_\_\_\_\_

Signature of Spouse \_\_\_\_\_

Township use only:  
Account number Assigned \_\_\_\_\_