

BEDFORD TOWNSHIP SUPERVISORS

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LIEN REQUEST FORM

REQUEST SUBMITTED BY: E-MAIL USMAIL FAX IN PERSON

DATE _____
NAME _____
ADDRESS _____
PHONE # _____

SELLER: _____

MAP LOCATION NO. _____
CONTROL NO. _____

BUYER: _____

DESCRIPTION ON INFORMATION NEEDED:

INSTRUCTIONS: PICK-UP FAX MAIL E-MAIL

SIGNATURE _____

FOR OFFICE USE ONLY -----

RIGHT TO KNOW OFFICER _____
DATE RECEIVED BY AGENCY _____
AGENCY FIVE (5) DAY RESPONSE DUE _____

COPIES ____ POSTAGE ____ FAX ____ E-MAIL ____

TOTAL COST _____ DATE REQUEST FULFILLED _____

DATE RESPONSE SENT/SUPPLIED TO REQUESTER _____