

INDIANA COUNTY MUNICIPAL SERVICES AUTHORITY

CHAIRMAN
M. FORBERGER



VICE CHAIRMAN
B. LOCKARD

SECRETARY
M. SHAWER

602 KOLTER DRIVE
INDIANA, PENNSYLVANIA 15701
(724) 349-6640
FAX (724) 349-5044
www.icomsa.org

TREASURER
T. SPRING

ICMSA IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

EXECUTIVE DIRECTOR
M. W. DUFFALO

Information Regarding No Lien Requests

1. We accept no lien requests by mail, FAX or email. Please give yourself an adequate amount of time to submit the request.
2. The charge for a no lien request is \$10.00 per lien request. Requests will not be honored unless we receive payment. A copy of the payment that will be sent is acceptable upon ICMSA approval.
3. Please include in the request if the property is being sold or refinanced and the prospective buyer with mailing or contact information if known.
4. Please provide as much information as possible, ie: name, property address, tax parcel ID#, etc. Please provide a 911 address for the property if known.
5. There will be a \$25.00 processing fee for any overpayment. Please call on the closing date for a final amount due. Bills sent to the customer may not reflect final billing status.

Mail requests to: ICMSA
602 Kolter Drive
Indiana, PA. 15701

FAX requests to: 724-349-5044

Email requests to: customercare@icomsa.org

Your cooperation in this matter is appreciated and will help expedite all no-lien requests.

ICMSA Lien Department

INDIANA COUNTY MUNICIPAL SERVICES AUTHORITY

CHAIRMAN
M. FORBERGER

VICE CHAIRMAN
B. LOCKARD

SECRETARY
M. SHAWER

TREASURER
T. SPRING

EXECUTIVE DIRECTOR
M. W. DUFFALO



602 KOLTER DRIVE
INDIANA, PENNSYLVANIA 15701
(724) 349-6640
FAX (724) 349-5044
www.icomsa.org

ICMSA IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

NO LIEN REQUEST FORM

Date: _____

Company Name: _____

Address: _____

Phone #: _____ FAX #: _____ Email _____

Seller's Name: _____

Service Address: _____

Tax Parcel #: _____

Closing Date: _____

Buyer's Name: _____

Purchase _____ Refinance _____ Foreclosure _____ Sheriff Sale _____

Type of Request: Water _____ Sewage _____

Comments: _____

*****Please fill in all information, including a complete service address. If proper information and payment are not included, the request will be returned.**