



**\*\* ALL FIELDS ARE REQUIRED TO BE FILLED OUT, OR  
APPLICATION WILL NOT BE ACCEPTED\*\***

*Upper Southampton Municipal Authority  
945 Street Road, P.O. Box 481  
Southampton, PA 18966  
(215) 364-1390 Fax (215) 364-9410*

**CERTIFICATION REQUEST- \$100 CHECK**

Property address \_\_\_\_\_

Seller(s) Name(s) \_\_\_\_\_

Seller Phone \_\_\_\_\_ Seller email \_\_\_\_\_

Forwarding address \_\_\_\_\_

Title Co./Conveyancer \_\_\_\_\_ Phone # \_\_\_\_\_

Realtor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Settlement \_\_\_\_\_ Time of Settlement \_\_\_\_\_ am pm

Certification sent to \_\_\_\_\_ Fax: \_\_\_\_\_

**Buyer Name(s)** \_\_\_\_\_

**Buyer Phone** \_\_\_\_\_ **Buyer email** \_\_\_\_\_

**IF SETTLEMENT DATE CHANGES, YOU MUST NOTIFY US IMMEDIATELY!**

**\$100 CERT FEE WILL BE REQUIRED IF NOTIFIED AFTER ORIGINAL SETTLEMENT DATE**

**Office Use Only**

Account # \_\_\_\_\_ Final Read \_\_\_\_\_ Sump Inspect \_\_\_\_\_ Lateral Inspect \_\_\_\_\_

Notes: \_\_\_\_\_