Authorization for Water/Sewer Final Payoff Request

Property Address: _____

Reason for Request: _____

Date of Closing: _____

Please call/email a statement, good through _____ with per diem (if applicable) to:

Name:

Address:

Phone Number:

Email:

I hereby give permission to have my information released to _____ _____ relating to utilities on my property indicated above. A copy of this authorization may be accepted as an original. The utility may obtain a copy of this authorization if needed.

_____
Printed Name (Seller):

_____ _____
Signature (Seller): Date:

For Attorney's Office/Title Company/Closing Agent Name Requesting Information:

☐ I hereby certify that the information provided on the form is true and accurate to the best of my knowledge and belief.

_____
Printed Name:

_____ _____
Signature: Date: