Affix Atty Letterhead here

FINAL WATER BILL REQUEST

TOP SECTION MUST BE FILLED OUT **COMPLETELY** TO OBTAIN CLOSING INFORMATION

Date:	Requested by (Name)	(P	h)
Service Address _		Zip	Plat/Lot
Current Owner _			
New Owner		Phone	5
Mailing Address _		City/State	Zip
Current Read	Date taken	Closing I	Pate
NOTE: READS MUST BE WITHIN 7 DAYS OF CLOSING. This form is for a verbal response only. Written response requires a \$20.00 check payable to PWSB. Please mail check to: Pawtucket Water Supply Board 85 Branch St Pawtucket, RI 02860 Ph: 401-729-5010 Fx: 401-727-3423			
	For office	use only:	
Account	For office Balance	use only: Iı	nterest
Account	For office Balance PWSB Read	use only: Iı hcf Siz	nterest#days
Account Read date WA	For office Balance PWSB Read Surch Cust Serv	use only: Iı hcf Siz Hyd	e#days FS
Account	For office Balance PWSB Read Surch Cust Serv	use only:Ii hcf Siz Hyd Sales Tax	e#days FS
Account	For office Balance PWSB Read Surch Cust Serv	use only:Ii hcf Siz Hyd Sales Tax	e#days FS
Account Read date WA Misc Adjustments Bkrpcy/FS Acct #	For office Balance PWSB Read Surch Cust Serv	use only:Ii hcf Siz Hyd Sales Tax	e#days FS
Account Read date WA Misc Adjustments Bkrpcy/FS Acct # TOTAL DUE	For office Balance PWSB Read Surch Cust Serv Balance	use only:Ii Siz Hyd Sales Tax e	raterest
Account	For office Balance PWSB Read Cust Serv Balance	use only:Ii Siz Hyd Sales Tax e Good Th	ru Date: