Affix Atty Letterhead here

FINAL WATER BILL REQUEST

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

Date: _____ Requested by (Name) _____ (Ph) _____

Service Address _____Zip_____Plat/Lot_____

Current Owner _____

New Owner_____Phone_____

Mailing Address _____City/State_____Zip_____

Current Read _____Date taken _____Closing Date_____

Vacant _____ Occupied _____

READS MUST BE TAKEN 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_____ Balance _____Interest _____

Read date_____ PWSB Read _____ hcf _____ Size _____ #days_____

WA_____ Surch _____ Cust Serv _____ Hyd _____ FS _____

Misc Adjustments _____ Sales Tax 7%_____

Bkrpcy/FS Acct #_____ Balance_____ Interest_____

TOTAL DUE _____

Tax Sale Date:_____ Amount: _____ Good Thru Date: _____

Payment Plan Y ( ) N ( ) Re-instate Surcharge Y ( ) N ( ) Invoice Cloud Y ( ) N ( )

HTE _____ Excel _____ Atty _____ iCloud _____ CW_____