

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: 401-729-9050 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** \_\_\_\_\_