

CITY OF WARWICK UTILITY BILLING

Closing Request form for Water and Sewer

This form supercedes any other previous forms. (Effective 1-2017)

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Property Location: _____ Plat/Lot/Unit _____
Seller's Name _____
Buyer's Name _____
Buyer's Billing Address _____
Date of Request: _____ Attorney/Realtor _____
Date of Closing: _____ Phone Number: _____
Domestic Meter Reading: _____ Fax Number: _____
Deduct Meter Reading : _____ Email: _____

Please do not write below this line

Previous Meter Reading: _____ Account No. _____

Total Cubic Feet: _____

Water Usage

Sewer Usage

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Usage Charge: _____
Service Charge: _____
Amount Unbilled: _____
Past Due Balance: _____

Sewer Credit [_____]

** Water Usage Due: _____ ** Sewer Usage Due: _____

Sewer Assessment

Account No. _____

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**Assessment Due at Closing: _____ from seller.

Annual Payment _____

Please pro-rate on the annual payment for calendar year and move a credit to seller / buyer.

**The balance of _____ on the sewer assessment is transferable to the buyer.

INSTRUCTIONS

THIS REQUEST MUST BE SUBMITTED FIVE (5) DAYS PRIOR TO CLOSING.

Fill out top portion only. **Fax to (401) 732-0616.** For questions, please call the Water Division at 401-738-2008 PRESS 1, or

The Sewer Authority at 401-468-4731 . Email: reclosings@warwickri.com (goes to Warwick Water Division)

Separate checks for usage and assessment. Please include account number on check, payable to Warwick Tax Collector. Mail

payments to: PO Box 2000, Warwick, RI 02887