

# CITY OF WARWICK UTILITY BILLING

## Closing Request form for Water and Sewer

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

C  
U  
S  
T  
O  
M  
E  
R

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

W  
A  
T  
E  
R

Usage Charge: \_\_\_\_\_  
Service Charge: \_\_\_\_\_  
Amount Unbilled: \_\_\_\_\_  
Past Due Balance: \_\_\_\_\_

Sewer Credit [ \_\_\_\_\_ ]

\*\* Water Usage Due: \_\_\_\_\_

\*\* Sewer Usage Due: \_\_\_\_\_

### Sewer Assessment

Account No. \_\_\_\_\_

S  
E  
W  
E  
R

\*\*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](mailto: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