

Please fill out the top portion of form and email to the address below Closing amounts will be emailed within 2 business days

CLOSING INFO

ADDRESS				ACCT #	w/s
SELLER					
BUYER					
BUYER MA	ILING ADDRESS				
PHONE EMAIL					
CLOSING DATE			Т	IME	_
CONTACT I	PERSON				
LAWYER REALTOR					
PHONE #					
EMAIL					
		INTERN	AL OFFICE USE	ONLY	
WATER ACCOUNT			SEWER ACCOUNT		
MONTH BILLED	PERIOD COVERS	AMOUNT DUE	MONTH BILLED	PERIOD COVERS	AMOUNT DUE
Make checks payable to:			Make checks payable to:		
Water Commissioners Town of Waterford			Sewer District # 1		
Customer # in memo of check			Customer # in memo of check		
	• •	•		e envelope and address ford, New York 12188-0	
Notes:				, 1	