



# Water Payoff Request Form

Use this form when requesting water payoff information.  
Questions? Call (215) 686-6995 or 6987

Please follow these instructions:

1. Complete Page 1 by typing directly in the fields below. Fields marked with a star (\*) are required. Leave Pages 2 and 3 blank. Don't complete this form by hand.
2. Go to **File** > then **Save As...**
3. Choose a Folder, such as your Desktop.
4. Give your PDF a unique File Name that includes the Property Address or File No. (Example: "123MainStreet").
5. Save
6. Submit your saved form by email to: [wateramountdue@phila.gov](mailto:wateramountdue@phila.gov)

Settlement Agent Name\*: Gavin Wilson

Property Owner Name\*: CLARENCE WEBB SR

Settlement Company: Stellar Innovations

Property Address\*: 5625 Warrington Ave, Philadelphia, PA 19143

Settlement File No.: BS-X01567-9177238446

Property Account #: \_\_\_\_\_

Phone: 302-261-9069

Water Code Enforcement #: \_\_\_\_\_

Fax: 407- 210-3113

#: \_\_\_\_\_

Email\*: cls@stellaripl.com

#: \_\_\_\_\_

Date of Request\*: 2/15/2024

Agency/Lien Repair #: \_\_\_\_\_

Date of Settlement\*: \_\_\_\_\_

HELP Loan #: \_\_\_\_\_

Additional Comments: Let us know if there are any outstanding fees.  
Provide payoff good through 02/23/2024.

\* Required Field

\*\*\* This is a payoff request form. This does not serve as a lien search. Accordingly, title insurance companies should search (1) The Locality/In Rem Index and/or (2) the Philadelphia Courts Civil Dockets for existing liens.\*\*\*

If there are estimated meter readings for this account or the most recent readings on this account are estimated, the outstanding balance on this account may be higher than what is reflected here **and may result in charges being retroactively billed to this account.** The Meter Shop should be contacted immediately at (215) 685-3000 to have the meter serviced.



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Property Address: <u>5625 Warrington Ave, Philadelphia, PA 19143</u> Account #: <u>0148150005625001</u> Last Meter Reading: <u>4</u> Taken On: <u>01/21/2024</u> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated Dates of Last Billing Cycle: <u>12/13/2023</u> to <u>01/21/2024</u> Water/Sewer Balance: <u>95.85</u> Restore Fee (if applicable): _____ Lien Fee (if applicable): _____ Total: \$ <u>95.85</u>	Discontinued Account(s) <input checked="" type="checkbox"/> <b>None if checked</b> #: _____ Balance: _____ #: _____ Balance: _____ #: _____ Balance: _____
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Agency/Lien Repair Bill Balance <input checked="" type="checkbox"/> <b>None if checked</b>	Lien #: _____ Date: _____ Total: \$ _____	Lien #: _____ Date: _____ Total: \$ _____
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HELP Loan Bill Balance <input checked="" type="checkbox"/> <b>None if checked</b>	HELP Loan Acct #: _____ Date: _____ Total: \$ _____
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Water Code Enforcement Judgment(s)	<input checked="" type="checkbox"/> <b>None if checked</b>
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<b>ACCOUNT BALANCE DUE (inclusive of all amounts listed above):</b> <u>95.85</u>
<b>GOOD THROUGH:</b> <u>02/21/2024</u>
<b>Additional Comments:</b> <u>NXT BILL 02/23/2024</u>

Philadelphia Water Department Representative's Name: DOROTHY SINGLETON Date: 02/20/2024

Mail your completed form along with a certified check, settlement agent escrow check or money order payable to "City Of Philadelphia" to: Water Revenue Bureau, PO BOX 41496, Philadelphia, PA 19101

Should you need an updated payoff figure, please send this completed form back with your request.

For Water Department Use Only



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Property Address: 5625 Warrington Ave, Philadelphia, PA 19143
Account #:
Last Meter Reading: Taken On:
Actual Estimated
Dates of Last Billing Cycle: to
Water/Sewer Balance:
Restore Fee (if applicable):
Lien Fee (if applicable):
Total: \$
Discontinued Account(s) None if checked
#: Balance:
Water Code Enforcement Judgment(s) (inclusive of costs, fines, & fees)
None if checked
Judgment #: Date: Court Costs: \$ Fines: \$ Total: \$
Agency/Lien Repair Bill Balance
None if checked
Lien #: Date: Total: \$
HELP Loan Bill Balance
None if checked
HELP Loan Acct #: Date: Total: \$
ACCOUNT BALANCE DUE (inclusive of all amounts listed above):
GOOD THROUGH:
Additional Comments:

Law Department Representative's Name: Date:

Mail your completed form along with a certified check, settlement agent escrow check or money order payable to "City Of Philadelphia" to: Philadelphia Law Department, 1401 John F. Kennedy Blvd, Room 580, Philadelphia, PA, 19102.

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