



# 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\*: Tom Hanks

Property Owner Name\*: CHARLENE WOODSON

Settlement Company: Stellar Innovations

Property Address\*: 5053 PORTICO ST, PHILADELPHIA, PA 19144

Settlement File No.: BS-X01672-235173202

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

Phone: (302) - 261 - 9069

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

Fax: 407- 210-3113

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

Email\*: MLS@STELLARIPL.COM

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

Date of Request\*: 06/19/2024

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

Date of Settlement\*: 06/26/2024

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

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* 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>5053 PORTICO ST, PHILADELPHIA, PA 19144</u><br>Account #: <u>0356538005053001</u><br>Last Meter Reading: <u>2141</u> Taken On: <u>May 17, 2024</u><br><input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated<br>Dates of Last Billing Cycle: <u>April 17, 2024</u> to <u>May 17, 2024</u><br>Water/Sewer Balance: <u>\$1,714.50</u><br>Restore Fee (if applicable): _____<br>Lien Fee (if applicable): _____<br>Total: <u>\$1,714.50</u> | Discontinued Account(s) <input checked="" type="checkbox"/> <b>None if checked</b><br>#: _____ Balance: _____<br>#: _____ Balance: _____<br>#: _____ Balance: _____ |
|--|---|

|   |   |   |
|---|---|---|
| Agency/Lien Repair Bill Balance<br><input checked="" type="checkbox"/> <b>None if checked</b> | Lien #: _____<br>Date: _____<br>Total: \$ _____ | Lien #: _____<br>Date: _____<br>Total: \$ _____ |
|---|---|---|

|  |   |
|--|---|
| HELP Loan Bill Balance<br><input checked="" type="checkbox"/> <b>None if checked</b> | HELP Loan Acct #: _____<br>Date: _____<br>Total: \$ _____ |
|--|---|

|                                    |  |
|------------------------------------|--|
| Water Code Enforcement Judgment(s) | <input checked="" type="checkbox"/> <b>None if checked</b> |
|------------------------------------|--|

|   |
|---|
| <b>ACCOUNT BALANCE DUE (inclusive of all amounts listed above):</b> <u>\$1,714.50</u> |
| <b>GOOD THROUGH:</b> <u>6/12/2024</u>   |
| <b>Additional Comments:</b> _____<br>_____  |

Philadelphia Water Department Representative's Name: N.Pace Date: 6/21/2024

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: <u>5053 PORTICO ST, PHILADELPHIA, PA 19144</u><br>Account #: _____<br>Last Meter Reading: _____ Taken On: _____<br><input type="checkbox"/> Actual <input type="checkbox"/> Estimated<br>Dates of Last Billing Cycle: _____ to _____<br>Water/Sewer Balance: _____<br>Restore Fee (if applicable): _____<br>Lien Fee (if applicable): _____<br>Total: \$ _____ | Discontinued Account(s) <input type="checkbox"/> <b>None if checked</b><br>#: _____ Balance: _____<br>#: _____ Balance: _____<br>#: _____ Balance: _____ |   |
| Water Code Enforcement Judgment(s)<br>(inclusive of costs, fines, & fees)<br><br><input type="checkbox"/> <b>None if checked</b>   | Judgment #: _____<br>Date: _____<br>Court Costs: \$ _____<br>Fines: \$ _____<br>Total: \$ _____  | Judgment #: _____<br>Date: _____<br>Court Costs: \$ _____<br>Fines: \$ _____<br>Total: \$ _____ |
|  | Judgment #: _____<br>Date: _____<br>Court Costs: \$ _____<br>Fines: \$ _____<br>Total: \$ _____  | Judgment #: _____<br>Date: _____<br>Court Costs: \$ _____<br>Fines: \$ _____<br>Total: \$ _____ |
| Agency/Lien Repair Bill Balance<br><br><input type="checkbox"/> <b>None if checked</b>   | Lien #: _____<br>Date: _____<br>Total: \$ _____  | Lien #: _____<br>Date: _____<br>Total: \$ _____   |
| HELP Loan Bill Balance<br><br><input type="checkbox"/> <b>None if checked</b>  | HELP Loan Acct #: _____<br>Date: _____<br>Total: \$ _____  |   |
| <b>ACCOUNT BALANCE DUE (inclusive of all amounts listed above):</b> _____<br><br><b>GOOD THROUGH:</b> _____<br><br><b>Additional Comments:</b> _____<br>_____  |  |   |

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.

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

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