



CITY OF PHILADELPHIA
DEPARTMENT OF REVENUE
WATER REVENUE BUREAU

NOTE THE FOLLOWING:

1. ALWAYS USE THIS FORM WHEN REQUESTING WATER PAYOFF INFORMATION
2. PLEASE MAKE YOUR REQUEST AT LEAST 1 WEEK BEFORE SETTLEMENT
3. ONE ADDRESS & ACCOUNT PER SHEET
4. SHOULD YOU NEED AN UPDATED PAYOFF FIGURE, PLEASE SEND THE COMPLETED FORM YOU RECEIVED BACK WITH YOUR REQUEST.
5. IF THERE IS NO METER AT THE PROPERTY, PLEASE CONTACT THE WATER DEPARTMENT AT (215) 685-3000 FOR A NEW METER TO BE INSTALLED IMMEDIATELY.

Settlement Agent Name*: _____ Property Owner Name*: _____

Settlement Company: _____ Property Address*: _____

Settlement File No.: _____ Property Account #: _____

Phone: _____ Code Enforcement #: _____

Fax: _____ #: _____

Email*: _____ #: _____

Date of Request*: _____ Agency/Lien Repair #: _____

Date of Settlement*: _____ 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.

**Submit your Water Payoff Request Form by email to: wateramountdue@phila.gov
 If you have questions, call WRB Title Group at: (215) 686-6995 or 6987.**



Property Address: _____ Account #: _____ Last Meter Reading: _____ Taken On: _____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimated Dates of Last Billing Cycle: _____ to _____ Water/Sewer Balance: _____ Restore Fee (if applicable): _____ Lien Fee (if applicable): _____ Total: \$ _____	Discontinued Account(s) <input type="checkbox"/> None if checked #: _____ Balance: _____ #: _____ Balance: _____ #: _____ Balance: _____
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Agency/Lien Repair Bill Balance <input type="checkbox"/> None if checked	Lien #: _____ Date: _____ Total: \$ _____	Lien #: _____ Date: _____ Total: \$ _____
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Help Loan Bill Balance <input type="checkbox"/> None if checked	Help Loan Acct #: _____ Date: _____ Total: \$ _____
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Code Enforcement Judgment(s)	<input type="checkbox"/> None if checked
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ACCOUNT BALANCE DUE (inclusive of all amounts listed above): _____ GOOD THROUGH: _____ Additional Comments: _____ _____

Philadelphia Water 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: 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



Law Department
 Tax Unit: Mass Litigation Water
 Municipal Services Building
 1401 JFK Boulevard
 Philadelphia, PA 19102-1595

Property Address: _____ Account #: _____ Last Meter Reading: _____ Taken On: _____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimated Dates of Last Billing Cycle: _____ to _____ Water/Sewer Balance: _____ Restore Fee (if applicable): _____ Lien Fee (if applicable): _____ Total: \$ _____	Discontinued Account(s) <input type="checkbox"/> None if checked #: _____ Balance: _____ #: _____ Balance: _____ #: _____ Balance: _____	
Code Enforcement Judgment(s) (inclusive of costs, fines, & fees) <input type="checkbox"/> None if checked	Judgment #: _____ Date: _____ Court Costs: \$ _____ Fines: \$ _____ Total: \$ _____	Judgment #: _____ Date: _____ Court Costs: \$ _____ Fines: \$ _____ Total: \$ _____
	Judgment #: _____ Date: _____ Court Costs: \$ _____ Fines: \$ _____ Total: \$ _____	Judgment #: _____ Date: _____ Court Costs: \$ _____ Fines: \$ _____ Total: \$ _____
Agency/Lien Repair Bill Balance <input type="checkbox"/> None if checked	Lien #: _____ Date: _____ Total: \$ _____	Lien #: _____ Date: _____ Total: \$ _____
Help Loan Bill Balance <input type="checkbox"/> 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.

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

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