

YOUR LOGO  
HERE!

Your address here

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<b>DATE:</b>	June 26, 2024
<b>ATTN:</b>	407-210-3113@fax.pgworks.com
<b>FROM:</b>	"Hardy, Karen T"
<b>SUBJECT:</b>	Emailing: 06262024-595 Rosalie St.pdf

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**Note:**

Your message is ready to be sent with the following file or link attachments:

06262024-595 Rosalie St.pdf

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

**Philadelphia Gas Works**



PGW Credit and Collections Department  
 Phone: (215) 978-1053  
 Fax: (215) 398-3352

**ACCOUNT PAY-OFF INQUIRY FORM**

**Statement of Confidentiality:** This document contains confidential information intended only for the entity named below. Any use, distribution, copying or disclosure by any other entity or person is strictly prohibited. If you have received this facsimile in error, please notify PGW immediately by telephone and return the original transmission to us by mail without making a copy.

**A. TITLE AGENCY/LAW FIRM INFORMATION (FILL OUT THIS SECTION ONLY)**

**Authorization:** By submitting this form to PGW, you represent and certify (i) that you are authorized by the owner of the below property to request payoff and account information for this property, and (ii) that all information you submit is to the best of your knowledge true, correct and complete.

Title/Lawyer Agency File #: BS-X01672-6571283289 Date of Settlement: 6/27/2024  
 Law Firm/Title Agency: Stellar Innovations Requestor Name (Print Clearly): Peter Watson  
 Telephone #: (302) 261-9069 Facsimile #: (407) 210-3113  
 Property Information (Please provide account numbers) Email: \_\_\_\_\_  
 Address: 595 Rosalie St PGW Account #(s): \_\_\_\_\_  
 Owner(s): Ivy Shira

**Please Check All Applicable Boxes:**

Purpose:  Sale  Refinance  Foreclosure  
 Type:  Commercial Rental  Mixed Use Rental  Residential Rental  Owner Occupied  Unknown

If Sheriff Sale, Defendant Name: \_\_\_\_\_ Book/Writ # \_\_\_\_\_

Judgment/Lien \_\_\_\_\_ Docket #: \_\_\_\_\_ File Date: \_\_\_\_\_  
 Judgment/Lien \_\_\_\_\_ Docket #: \_\_\_\_\_ File Date: \_\_\_\_\_  
 Judgment/Lien \_\_\_\_\_ Docket #: \_\_\_\_\_ File Date: \_\_\_\_\_

**B. PGW ONLY**

**DISCLAIMER:** The pay-off information provided by PGW below is based on the property and owner information provided by the law firm/title agency. Failure to provide accurate information could affect the accuracy of the information reported by PGW. The information provided in this form is valid as of the date PGW faxes it to you. This statement is not a final bill which means that additional charges may be imposed for additional metered usage.

No Record of Account-(i) Verify type and status of services with owner, and (ii) re-contact PGW  
 Record of Account:

Meter#: <u>2218218</u>	Meter Reading: <u>5683</u>	Date: <u>6/19/2024</u>	Actual/Estimate/Final	<u>Actual</u>
Meter#: _____	Meter Reading: _____	Date: _____	Actual/Estimate/Final	_____
Meter#: _____	Meter Reading: _____	Date: _____	Actual/Estimate/Final	_____

LCP COOPERATIVE (Property Not Liable for Tenant Debt)  LCP NON-COOPERATIVE

List of All Debt

Account#:	Customer of Record:	Start Date:	End Date:	Amount:	Paid Through Date:	Amount Due:
0003 5371 4297	Ivy, Shira	10/22/2019		\$ 37.20	7/22/2024	\$ 37.20

Judgment/Lien \_\_\_\_\_ Docket #: \_\_\_\_\_ File Date: \_\_\_\_\_  
 Judgment/Lien \_\_\_\_\_ Docket #: \_\_\_\_\_ File Date: \_\_\_\_\_  
 Judgment/Lien \_\_\_\_\_ Docket #: \_\_\_\_\_ File Date: \_\_\_\_\_

**TOTAL AMOUNT DUE:**  
**\$37.20**

**C. TITLE COMPANY/LAW FIRM PAYMENT INSTRUCTIONS**

Make checks payable for the "TOTAL AMOUNT DUE" as stated above to PGW and return this form. Forward with payment to:

**PGW – Collection Department**  
 800 W. Montgomery Avenue, 3<sup>rd</sup> floor  
 Philadelphia, PA 19122  
 Attn: Liens & Judgments

**FAILURE TO RETURN THIS FORM ALONG WITH YOUR PAYMENT MAY RESULT IN A DELAY OR INCORRECT PROCESSING OF PAYMENT.**

The "Paid Through Date" listed above may not include the final bill.  
 If the owner is terminating service as of the settlement date,  
 please provide the owner's mailing address for the final bill:

\_\_\_\_\_  
 \_\_\_\_\_  
**ADDRESS**