



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

Settlement Agent Name*: Peter Watson

Property Owner Name*: KOTHPARTOUM VISIAN

Settlement Company: Stellar Innovations

Property Address*: 220 W ALBANUS ST

Settlement File No.: BS-X01693-3889530926

Property Account #: _____

Phone: (302) - 261 - 9069

Water Code Enforcement #: _____

Fax: 407- 210-3113

#: _____

Email*: MLS@STELLARIPL.COM

#: _____

Date of Request*: 07/19/2024

Agency/Lien Repair #: _____

Date of Settlement*: 07/31/2024

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.



Water Payoff Request Form

Use this form when requesting water payoff information.

Questions? Call (215) 686-6995 or 6987

Property Address: <u>220 W ALBANUS ST</u> 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: _____
---	---

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: \$ _____
--	---

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

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

