



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*: CHISHOLM CRAIG & CHISHOLM ALETHEA

Settlement Company: Stellar Innovations

Property Address*: 5639 WYNDALE AVE, PHILADELPHIA, PA 19131

Settlement File No.: BS-X01693-9187444617

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.



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Property Address: <u>5639 WYNDALE AVE, PHILADELPHIA, PA 19131</u> Account #: <u>040 84860 05639 001</u> Last Meter Reading: <u>698</u> Taken On: <u>07/24/24</u> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated Dates of Last Billing Cycle: <u>06/24/24</u> to <u>07/24/24</u> Water/Sewer Balance: <u>79.70</u> Restore Fee (if applicable): _____ Lien Fee (if applicable): _____ Total: \$ <u>79.70</u>	Discontinued Account(s) <input checked="" type="checkbox"/> None if checked #: _____ Balance: _____ #: _____ Balance: _____ #: _____ Balance: _____
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Agency/Lien Repair Bill Balance <input checked="" type="checkbox"/> None if checked	Lien #: _____ Date: _____ Total: \$ _____	Lien #: _____ Date: _____ Total: \$ _____
HELP Loan Bill Balance <input checked="" type="checkbox"/> None if checked	HELP Loan Acct #: _____ Date: _____ Total: \$ _____	

Water Code Enforcement Judgment(s) <input checked="" type="checkbox"/> None if checked
ACCOUNT BALANCE DUE (inclusive of all amounts listed above): <u>79.70</u>
GOOD THROUGH: <u>08/28/24</u>
Additional Comments: _____ _____

Philadelphia Water Department Representative's Name: DESTINY Date: 08/01/24

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>5639 WYNDALE AVE, PHILADELPHIA, PA 19131</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: _____	
Water 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.

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