

YOUR LOGO
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Your address here

| | |
|-----------------|--------------------------------|
| DATE: | Dec. 5, 2024 |
| ATTN: | 1-407-210-3113@FAX.PGWORKS.COM |
| FROM: | "Harmon, Stephanie C." |
| SUBJECT: | 120524 - 7535 E WALNUT LN.pdf |

Note:

Please find the PDF attached.

Download the free Adobe Acrobat Reader to view and comment on this PDF.

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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 XO1798 4296788092 Date of Settlement: 12/5/2024
 Law Firm/Title Agency: STELLAR INNOVATIONS Requestor Name (Print Clearly): _____
 Telephone #: (302) 261-9069 Facsimile #: (407) 210-3113
 Property Information (Please provide account numbers) Email: _____
 Address: 7535 E WALNUT LN PGW Account #(s): _____
 Owner(s): ANDREA JEFFERSON

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>2150218</u> | Meter Reading: <u>3909</u> | Date: <u>11/15/2024</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: |
|------------|---------------------|-------------|-----------|---------|--------------------|-------------|
| 0319840311 | ANDREA JEFFERSON | 9/22/2016 | | | 12-17-2024 | \$ 71.50 |
| | | | | | | |
| | | | | | | |

| | | | |
|---------------------|-----------------|------------------|--|
| Judgment/Lien _____ | Docket #: _____ | File Date: _____ | TOTAL AMOUNT DUE: \$71.50 |
| Judgment/Lien _____ | Docket #: _____ | File Date: _____ | |
| Judgment/Lien _____ | Docket #: _____ | File Date: _____ | |

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, 3rd 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

PREPARED BY: SHARMON DATE: 12/5/2024 PAGE ____ OF ____