



Property Information		Request Information		Update Information
File#:	BF-Y01867-4110899158	Requested Date:	03/14/2025	Update Requested:
Owner:	LACY ALBERT R III	Branch:		Requested By:
Address 1:	5340 HADFIELD ST	Date Completed:	04/10/2025	Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	PHILADELPHIA, PA	# of Parcel(s):	1	

Notes

CODE VIOLATIONS	<p>Per City of Philadelphia Department of Zoning there are No Code Violation cases on this property.</p> <p>Collector: City of Philadelphia Department of Zoning Payable: 1401 John F Kennedy Blvd Philadelphia, PA 19102 Business# 215-686-1441</p>
PERMITS	<p>Per City of Philadelphia Building Department there are No Open/Pending/ Expired Permit on this property.</p> <p>Collector: City of Philadelphia Building Department Payable: 1401 John F Kennedy Blvd Philadelphia, PA 19102 Business# 215-686-1441</p>
SPECIAL ASSESSMENTS	<p>Per City of Philadelphia Treasurer Department there are No Special Assessments due on the property</p> <p>Collector: Philadelphia City Treasurer Payable Address: 1401 John F. Kennedy Blvd, 11th Floor, Philadelphia, PA 19102 Business# 215- 686-2300</p>
DEMOLITION	NO
UTILITIES	<p>WATER AND SEWER Account #: 014-39760-05340-001 Payment Status: Due Status: Pvt & Lienable Amount: \$1828.10 Good Thru: 04/21/2025 Account Active: Yes Collector: Philadelphia Water Department Payable Address: 1101 Market St 5th Floor Philadelphia, PA 19107 Business # 215-686-6995</p> <p>GAS Account #: 0946077271 Payment Status: Due Status: Pvt & Lienable Amount: \$50.00 Good Thru: 04/24/2025 Account Active: Yes Collector: PGW Liens & Judgments Department Payable Address: 800 W Montgomery Ave, 3rd floor, Philadelphia, PA 19122 Business # 215 -978-1053</p> <p>GARBAGE Garbage bills are included in the real estate property taxes</p>



[< Home](#)

5340 HADFIELD ST

PHILADELPHIA PA 19143-
4116

Balance

\$0.00

OPA

:

Assessed value

:

Owner

:

Summary [More options...](#)

Accounts

Real Estate Tax

Balance

- > [View period balance](#)
- > [Apply for real estate assistance programs](#)
- > [View liens and debt](#)

\$0.00



City of
Philadelphia

phila.gov [News](#) [Contact us](#) [Privacy policy](#)

Property History

Permits, licenses, violations & appeals by address

Property address search

Search an address...

5340 HADFIELD ST

CLEAR ✕



L&I district

SOUTH

Owner name

LACY ALBERT R III

Owner mailing address 5340 HADFIELD ST
PHILADELPHIA, PA 19143

To report corrections, [submit an official inquiry](#).

Appeals

No Appeals

Building Certifications

No Certifications

Investigations

No investigations

Business licenses

No business licenses

Permits

No permits

Violations

No violations



Water Payoff Request Form

Use this form when requesting water payoff information.
Questions? Call (215) 686-6995 or 6987

Page 1 of 3

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*: George David

Settlement Company: Stellar Innovation

Settlement File No.: BF-Y01867-4110899158

Phone: 302-261-9069

Fax: 407-210-3113

Email*: Evan.foster@proplogix.com

Date of Request*: 03-21-2025

Date of Settlement*: 03-28-2025

Additional Comments: _____

Property Owner Name*: LACY ALBERT R III

Property Address*: 5340 HADFIELD ST PHILADELPHIA PA 19143

Property Account #: 014-39760-05340-001

Water Code Enforcement #: _____

#: _____

#: _____

Agency/Lien Repair #: _____

HELP Loan #: _____

* 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

Page 2 of 3

Use this form when requesting water payoff information.

Questions? Call (215) 686-6995 or 6987

Property Address: <u>5340 HADFIELD ST PHILADELPHIA PA 19143</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



Water Payoff Request Form

Use this form when requesting water payoff information.
Questions? Call (215) 686-6995 or 6987

Property Address: <u>5340 HADFIELD ST PHILADELPHIA PA 19143</u> Account #: <u>014-39760-05340-001</u> Last Meter Reading: <u>1896</u> Taken On: <u>3-20-25</u> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated Dates of Last Billing Cycle: <u>2-20-25</u> to <u>3-20-25</u> Water/Sewer Balance: <u>1630.20</u> Restore Fee (if applicable): _____ Lien Fee (if applicable): <u>197.90</u> Total: \$ <u>1828.10</u>		Discontinued Account(s) <input checked="" type="checkbox"/> None if checked #: _____ Balance: _____ #: _____ Balance: _____ #: _____ Balance: _____	
Water Code Enforcement Judgment(s) (inclusive of costs, fines, & fees) <input checked="" 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 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: \$ _____		
ACCOUNT BALANCE DUE (inclusive of all amounts listed above): <u>\$1828.10</u> GOOD THROUGH: <u>4-21-25</u> Additional Comments: _____ _____			

Law Department Representative's Name: O. Stevenson **Date:** 4-9-25

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.

For Law Department Use Only

YOUR LOGO
HERE!

Your address here

DATE:	Mar. 27, 2025
ATTN:	407-210-3113@fax.pgworks.com
FROM:	"Barbaro, Nicole"
SUBJECT:	32825 - 5340 Hadfield St.pdf

Note:

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 #: _____ Date of Settlement:: 3/28/2025
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: 5340 Hadfield St. PGW Account #(s): _____
Owner(s): Lacy Albert

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#: 1946897 Meter Reading: 6506 Date: 3/24/2025 Actual/Estimate/Final Actual
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:
0946077271	Lacy Albert	6/15/2018		\$ 50.00	4/24/2025	\$ 50.00

Judgment/Lien _____ Docket #: _____ File Date: _____
Judgment/Lien _____ Docket #: _____ File Date: _____
Judgment/Lien _____ Docket #: _____ File Date: _____

TOTAL AMOUNT DUE:
\$50.00

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: NB DATE: 3/27/2025 PAGE ____ OF ____