



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*: _____ | Property Owner Name*: _____ |
| Settlement Company: _____ | Property Address*: _____ |
| Settlement File No.: _____ | Property Account #: _____ |
| Phone: _____ | Water Code Enforcement #: _____ |
| Fax: _____ | #: _____ |
| Email*: _____ | #: _____ |
| Date of Request*: _____ | Agency/Lien Repair #: _____ |
| Date of Settlement*: _____ | 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: _____ 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



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| | | |
|---|--|---|
| Property Address: _____ 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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