Water Payoff Request Form

PHILADELPHIA WATER DEPARTMENT

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

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Settlement Agent Name*: George David

Settlement Company: Stellar Innovation

Settlement File No.: BS-Y01935-4361558819

Phone: 302-261-9069

Fax: 407- 210-3113

Email*: Evan.foster@proplogix.com

Date of Request*: 06/26/2025

Date of Settlement*: 07/09/2025

Property Owner Name*: MC HENRY DEBORAH A

Property Address*: 2818 WILMOT STREET PHILADELPHIA PA 19137

Property Account #: 453088900

Water Code Enforcement #: _____

#: _____

#: _____

Agency/Lien Repair #: _____

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: 2818 WILMOT STREET PHILADELPHIA PA 19137

Account #: 0388352002818001

Last Meter Reading: 1597   Taken On: June 26, 2025

☑ Actual   ☐ Estimated

Dates of Last Billing Cycle: May 27, 2025 to June 26, 2025

Water/Sewer Balance: $360.95

Restore Fee (if applicable): _____

Lien Fee (if applicable): _____

Total: $360.95

Discontinued Account(s)   ☑ **None if checked**

#: _____ Balance: _____

#: _____ Balance: _____

#: _____ Balance: _____

Agency/Lien Repair Bill Balance

☑ **None if checked**

Lien #: _____
Date: _____
Total: $_____

Lien #: _____
Date: _____
Total: $_____

HELP Loan Bill Balance

☑ **None if checked**

HELP Loan Acct #: _____
Date: _____
Total: $_____

Water Code Enforcement Judgment(s)   ☑ **None if checked**

ACCOUNT BALANCE DUE (inclusive of all amounts listed above): $360.95

GOOD THROUGH: 7/18/2025

Additional Comments: Next Avail Bill: Jul 28, 2025 Usage: $146.78   Service: $12.81   Stormwater: $20.41
_____

Philadelphia Water Department Representative's Name: N.Pace   **Date:** 7/2/2025

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: ___2818 WILMOT STREET PHILADELPHIA PA 19137___
Account #: _____
Last Meter Reading: _____ Taken On: _____
☐ Actual   ☐ Estimated
Dates of Last Billing Cycle: _____to_____
Water/Sewer Balance: _____
Restore Fee (if applicable): _____
Lien Fee (if applicable): _____
Total: $_____

Discontinued Account(s)   ☐ **None if checked**

#: _____ Balance: _____

#: _____ Balance: _____

#: _____ Balance: _____

Water Code Enforcement Judgment(s)
(inclusive of costs, fines, & fees)

☐ **None if checked**

Judgment #: _____	Judgment #: _____
Date: _____	Date: _____
Court Costs: $_____	Court Costs: $_____
Fines: $_____	Fines: $_____
Total: $_____	Total: $_____
Judgment #: _____	Judgment #: _____
Date: _____	Date: _____
Court Costs: $_____	Court Costs: $_____
Fines: $_____	Fines: $_____
Total: $_____	Total: $_____

Agency/Lien Repair Bill Balance

☐ **None if checked**

Lien #: _____	Lien #: _____
Date: _____	Date: _____
Total: $_____	Total: $_____

HELP Loan Bill Balance

☐ **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.

Should you need an updated payoff figure, please send this completed form back with your request.

For Law Department Use Only