**Closing Inquiry Form**

Preliminary Request Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Closing Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Submitting a closing date will result in a final utility bill being generated 3 days prior to closing.**

Request From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requester’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Parcel: 11-\_\_\_\_\_\_\_\_\_\_\_\_ Address of Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Seller’s Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Seller’s New Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Owner’s Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Charge for Refuse & Recycling: $178.00 used for 2024 tax year**. Prorate amount at closing, seller pays buyer proportionately, NOT paid to Town.

Specials Assessments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If Applicable) Sanitary District #2 Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Water: \_\_\_\_ Sewer: \_\_\_\_\_

Water Meter #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serial #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sewer Charges Due: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Water Charges Due: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Water Operator will conduct the Meter readings 3-5 days before closing UPON RECEIVING CONFIRMATION OF CLOSING DATE and request for a final bill.**

*(TOWN OF SHELBY OFFICE USE ONLY BELOW)*

**Closing Invoice**

Inquiry Fee: $\_\_\_\_\_\_\_\_\_\_\_\_

Outstanding Balance (If Applicable): $\_\_\_\_\_\_\_\_\_\_\_\_

Total: $\_\_\_\_\_\_\_\_\_\_\_\_

***Payment due within 90 days of receiving this invoice. Thank you!***