

Name of Company Requesting Information _____

Address: Street of P.O. Box _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Address Information to be Provided for: _____

Property Code (if available) _____

Current Owner of Record _____

Closing Date _____

NOTE: 3 days prior notice is required for release of information.
\$10.00 fee must accompany request.

FOR OFFICE USE ONLY

Date Request Received _____

Current Balance _____ As of _____

Date Last Payment Received _____ Amount Received _____

Latest Bill Date _____

Amount Billed _____
Current Past Due

Latest Bill Period _____
From To

Well Bill Charges to be incurred through Closing Date _____

Special Assessment Due _____ As of _____