



# CITY OF WARWICK

## UTILITY BILLING

### Closing Request form for Water and Sewer

#### INSTRUCTIONS

**THIS REQUEST MUST BE SUBMITTED FIVE (5) DAYS PRIOR TO CLOSING**

This form supersedes any other previous forms. Effective 7-2021

For questions, please call the Water Division at 401-738-2008 PRESS 1, or The Sewer Authority at 401-468-4731.

Email this completed form to [reclosings@warwickri.com](mailto:reclosings@warwickri.com)

Separate checks for usage and assessment. Please include account number on check, payable to Warwick Tax Collector.

Mail payments to: PO Box 2000, Warwick, RI 02887

Property Location: \_\_\_\_\_ Plat/Lot/Unit: \_\_\_\_\_  
 Seller's Name: \_\_\_\_\_  
 Buyer's Name: \_\_\_\_\_  
 Buyer's Billing Address: \_\_\_\_\_  
 Date of Request: \_\_\_\_\_ Attorney/Realtor: \_\_\_\_\_  
 Date of Closing: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Domestic Meter Reading: \_\_\_\_\_  
 Deduct Meter Reading: \_\_\_\_\_ Email: \_\_\_\_\_

\*Do not write below this line\*

#### **WATER AND SEWER USAGE**

Previous Meter Reading: \_\_\_\_\_ Account No.: \_\_\_\_\_

Total Cubic Feet: \_\_\_\_\_

#### Water Usage

#### Sewer Usage

Usage Charge: _____	_____
Service Charge: _____	_____
Amount Unbilled: _____	_____
Past Due Balance: _____	_____

Deduct Credit: \_\_\_\_\_

**Water Usage Due:** \_\_\_\_\_ **Sewer Usage Due:** \_\_\_\_\_

#### **Sewer Assessment**

Account No.: \_\_\_\_\_

Assessment Due at Closing: \_\_\_\_\_ from seller, thru calendar year \_\_\_\_\_

Annual Payment: \_\_\_\_\_

Please pro-rate on the annual payment for calendar year and move a credit to seller / buyer.

The balance of: \_\_\_\_\_ on the sewer assessment is transferable to the buyer.

#### **Connection Status**

Connected

Available

**THIS IS NOT A PAYOFF**