

**CITY OF EAST PROVIDENCE
DEPARTMENT OF PUBLIC WORKS
WATER UTILITIES DIVISION**

CLOSING STATEMENT REQUEST FORM FOR WATER/SEWER CHARGES (Please Print)

Property Address: _____

Seller's Name: _____ Date of Request: _____

Attorney/Realtor Requesting Close Out: _____

Phone No.: _____ FAX No. _____ Date of Closing _____

NOTE: A \$25.00 Closing Statement Fee Will Be Billed To The Account For This Service.

*******PAST DUE BALANCES ARE SUBJECT TO INTEREST AT 12% PER ANNUM*******

WATER UTILITIES DIVISION USE ONLY

Service Code: _____

Fire Code: _____

Date Read: _____

Deduct Code: _____

Read By: _____

Current Read: _____

Prepared By: _____

Previous Read: _____

Consumption: _____

CHARGES (Consumption Since Last Billing)

Water Charge _____

RI Water Quality Surcharge _____

Sewer Charge _____

Fixed Sewer Charge _____

Fire Service Charge _____

Other Charge(s) _____

Past Due Balance* _____

Closing Statement Fee \$ 25.00 _____

Current Water Balance _____

TOTAL CLOSING CHARGES* _____

****Total closing charges does not include interest charges on past due balances. Interest charges will be calculated at time of payment.**

Seller Owes/Buyer Owes ___ Yes ___ No Make Payable to City of East Providence, 145 Taunton Avenue East Providence, RI 02914 Attention: Treasury

INSTRUCTIONS!!! REQUEST MUST BE SUBMITTED SIX (6) DAYS PRIOR TO CLOSING.

Please fill out the top portion **only** of this form and FAX to our office at **401-435-7745**. We will in turn complete the information and FAX back to you. Any questions, please call 401-435-7741.