

FROM: _____ STREET ADDRESS: _____

COMPANY: _____ SELLERS NAME: _____

EMAIL: _____ BUYERS NAME: _____

PHONE #: _____ CLOSING DATE: _____

Billing Information:

Current/Past Amount Due: _____

Pro-Rate: From _____ to _____ ESTIMATE ONLY

Total Balance Due: _____

IF CLOSING DATE CHANGES, PLEASE ADVISE FOR REVISED INFORMATION.

Town Representative

I, _____, owner of the above-named property gives the Town of Monument permission to release the necessary billing information to the requestor.

Current Owner Signature

Note to SELLER: Please contact Town of Monument Water Office to fill out a Water Disconnect form.

Note to BUYER: Please contact Town of Monument Water Office with a copy of your Warranty Deed and fill out a Water Connect form.