



Town of Palisade Final Utility Bill Request

Date Request Made: _____

Title Company: _____

Representative Name: _____

Phone Number: _____

Email Address: _____

Closing Date: _____

Property Location (*address*): _____

Seller's Full Name: _____

Buyer's Full Name: _____

Buyer's Mailing Address: _____

Buyer's Phone Number: _____

Buyer's Email Address (*if available*): _____

Will the New Owner Occupy: Yes No

DO NOT WRITE IN THIS SECTION - FOR TOWN OF PALISADE STAFF ONLY

Customer Number: _____

Current Services: Water: Sewer: Garbage:

Current Balance: _____ for _____ billing.

Work Order Complete: Yes No

Notes: _____