



# 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: \_\_\_\_\_