



DEPARTMENT OF PUBLIC WORKS

FINAL SEWER BILL REQUEST

YOU MUST **COMPLETE** THIS FORM IN ORDER FOR A FINAL BILL TO BE ISSUED

Please email completed form to: kcarlisle@gilfordnh.org

Note: 5 business day turn around

IF THE CLOSING DOES NOT HAPPEN, CONTACT US IMMEDIATELY

CLOSING DATE: _____ TODAYS DATE: _____

PROPERTY ADDRESS: _____

SELLERS NAME: _____

SELLERS MAILING ADDRESS: _____

SELLERS PHONE #: _____

REALTOR NAME & PHONE NUMBER: _____

CLOSING COMPANY NAME: _____

CLOSER NAME & EMAIL: _____

ATTACH PICTURE OF WATER METER SHOWING READING: _____

NEW OWNER: _____

NEW OWNER BILLING ADDRESS: _____

NEW OWNER PHONE #: _____

NEW OWNER EMAIL: _____

IF PREVIOUSLY ESTIMATED, WE MUST GET INTO THE PROPERTY
(We will contact the Realtor if needed)