CITY OF SALEM

93 Washington Street, Salem, MA 01970
TEL: 978-619-5674 or 978-619-5675 FAX: 978-745-0349
kmoran@salem.com; cforgione@salem.com;

IMPORTANT – TO AVOID DUPLICATE PAYMENT, CHECK WITH SELLER IF PRIOR BALANCE WAS RECENTLY REMITTED. IT IS THE RESPONSIBILITY OF THE SELLER TO STOP AUTO PAY & ELECTRONIC PAYMENTS

PROPERTY ADDRESS: _____ PARCEL ID: _____ VACANT: YES___ NO___

REQUESTED BY: _____ COMPANY: _____

TELEPHONE #: _____ E-MAIL ADDRESS:_____

FAX: _____ TODAY'S DATE: _____ CLOSING DATE: _____

DATE NEEDED BY: _____

ADDRESS/OWNERSHIP CHANGES:

NEW OWNER NAME: _____ NEW OWNER TELEPHONE #: _____

MAILING ADDRESS: _____
(If Different from Property Address)

PREVIOUS OWNER NAME: _____

**********FOR OFFICE USE ONLY**********

FINAL READING COMPUTATION:

FINAL READING:

PREVIOUS READING: _____

CUBIC FEET

WATER $

SEWER $_____

ADJ TOTAL $_____

PRIOR BAL $_____***

TOTAL W&S	$	**SELLER PAYS CITY AT CLOSING (WATER & SEWER)**

FINAL TRASH COMPUTATION

PRIOR BALANCE $ ***

CURRENT CHARGE $_____

TOTAL TRASH:	**$**	**SELLER PAYS CITY AT CLOSING (TRASH)**

Please make checks payable to: City of Salem and reference account numbers respectively

W&S ACCOUNT # _____ TRASH ACCOUNT #_____ DISTRICT: _____ CUSTOMER ID#: _____

FINAL READ TEXT: ___ UPDATE ACCOUNT: ___ FAX OR E-MAIL:___ TRASH ACCOUNT SET UP: ___ TRASH AFFIDAVIT MAILED:_____

DEED DATED: _____ DATE PROVIDED ON: _____CLERK: _____

*SPECIAL COMMENTS: _____