

## **WARE DPW**

## Water Division

4 1/2 Church St, P O Box 89 Ware, Massachusetts 01082-1386 Tel. 413-967-9620 Fax 413-967-9622

kthacker@townofware.com www.townofware.com



Today's Date:

## **Water and Sewer Closing Form**

\*\*\*PLEASE TYPE or PRINT CLEARLY\*\*\*

## **Instructions:**

- Please submit this form at least five business days prior to the closing date.
- In some instances, a maintenance appointment may need to be scheduled in order to process the closing. The office will notify the requesting party of the Final Read if this is required.

Attorney:		Today's Date:
PHONE:	FAX:	Closing Date:
EMAIL to use for sending FINAL	BILL	
S	SELLER'S INFORMATI	ON (Required)
Property Address:		
Seller's Name:		
Seller's Forwarding Address:		
City, State, Zip code:		
	BUYER'S INFORMATI	on (Required)
Buyer's Name:		
Address for Billing (after closin	g):	
City, State, Zip code:		Phone:
FI	INAL BILL <i>(For Ware</i> )	DPW Use Only)
Account #	<del></del>	Make Check Payable to:  Town of Ware — Water Dept.
Final Bill \$		PO Box 89 4 ½ Church St
(\$35 Final Meter Readina Fee included in Final Bill)		Ware, MA 01082