

WARE DPW

Water Division

4 ½ Church St, P O Box 89 Ware, Massachusetts 01082-1386 Tel. 413-967-9620 Fax 413-967-9622

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Water and Sewer Closing Form ***PLEASE TYPE or PRINT CLEARLY***

Attorney: ______ Today's Date: _____

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.

PHONE:	FAX:	Closing Date:	
EMAIL to use for sending FINAL I	BILL:		
	SELLER'S INFORMA	TION (Required)	
Property Address:			_
City, State, Zip Code:		Phone:	
	BUYER'S INFORMA	` ' '	•
	FINAL BILL (For Wa	re DPW Use Only)	
	•	Make Check Payat	ole to:
Account #		Town of Ware – Wa	iter Dept.
Final Bill \$		PO Box 89 4 ½ Chu Ware, MA 01082	