



# CITY OF WARWICK UTILITY BILLING

## Closing Request form for Water and Sewer

**THIS REQUEST TAKES UP TO 5 (FIVE) BUSINESS DAYS TO COMPLETE**

This form supersedes any other previous forms. Effective 7-2025

For questions, please call the Water Division at 401-921-9738, or The Sewer Authority at 401-468-4731.

Email this completed form to [reclosings@warwickri.gov](mailto:reclosings@warwickri.gov)

Separate checks for usage and assessment. Please include account number on check, payable to Warwick Tax Collector.

Mail payments to: PO Box 2000, Warwick, RI 02887

Property Location: \_\_\_\_\_ Plat/Lot/Unit **\*** \_\_\_\_\_  
 Seller's Name \_\_\_\_\_  
 Buyer's Name \_\_\_\_\_  
 Buyer's Billing Address: \_\_\_\_\_  
 Date of Request: \_\_\_\_\_ Attorney/Realtor: \_\_\_\_\_  
 Date of Closing: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Domestic Meter Reading: \_\_\_\_\_  
 Deduct Meter Reading: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Do not write below this line\***

### WATER AND SEWER USAGE

Previous Meter Reading: \_\_\_\_\_ Account No. \_\_\_\_\_

Total Cubic Feet: \_\_\_\_\_

#### Water Usage

#### Sewer Usage

Usage Charge: \_\_\_\_\_

Service Charge: \_\_\_\_\_

Amount Unbilled: \_\_\_\_\_

Current Balance: \_\_\_\_\_

Deduct Credit: \_\_\_\_\_

**Water Usage Due:** \_\_\_\_\_ **&** **Sewer Usage Due:** \_\_\_\_\_

### **\*Sewer Assessment\***

Account No. \_\_\_\_\_

Assessment Due at Closing: \_\_\_\_\_ from seller, thru calendar year \_\_\_\_\_

Annual Payment: \_\_\_\_\_

Please pro-rate on the annual payment for calendar year and move a credit to seller / buyer.

The balance of: \_\_\_\_\_ on the sewer assessment is transferable to the buyer.

#### Connection Status

Connected Y / N

Available Y / N

**THIS IS NOT A PAYOFF**

**\*Include all lots being sold- failure to do so will result in delay of completion and/or all assessment funds not being accounted for**