

CITY OF AURORA ILLINOIS REQUEST FOR STATEMENT OF OPEN ACCOUNTS

Seller/Grantor name(s):	Phone number:
Address of property closing:	
Seller/Grantor agent, name & phone n	umber:
I/we hereby authorize you to release to my/our agent a statement of open accounts and any information that is required to be released pursuant to city ordinances.	
Seller/Grantor(s) signature:	Date:
REQUIRED INFORMATION – PIN / Parcel #(s):	
Selling price:	**Closing/Effective date:
*Quit Claim or Foreclosure	*A copy of the deed must be included with this request
Check here if any of the following options apply:	
Current rental property:	Future rental property: Seller renting-back:
Well water: Paid by association: Exempt status: Reason for exemption:	
Seller/Grantor post-closing address:	
New owner/Grantee:	
New owner/Grantee current address:	
EMAIL COMPLETED FORM TO water@aurora.il.us OR fax to (630) 256-3609. This request must be received at least 5 business days prior to closing for timely processing. Incomplete forms will be returned, which will also cause a delay in the processing of your request. Please remember, the Statement of Open Accounts is only valid through the closing date submitted on this request.	
Disposition of Statement:	
Call or Hold for pick-up:	
Fax or Email to:	

**IF CLOSING DATE IS CHANGED OR CANCELLED, PLEASE NOTIFY THE WATER BILLING DIVISION IMMEDIATELY VIA FAX (630)256-3609 OR EMAIL water@aurora.il.us

- This is NOT the actual Statement of Open Accounts; this is only a request for information needed to complete the Statement of Open Accounts.
- If you do not receive the SOA one business day prior to closing, please contact the Revenue and Collections Division at (630) 256-3570 or email transferstamps@aurora.il.us to check the status.

For questions regarding initiation of this form please call the City of Aurora Water Billing Division at (630) 256-3600 or email water@aurora.il.us