

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 number: _____

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: _____

Seller/Grantor(s) signature: _____ Date: _____

REQUIRED INFORMATION - PIN #(s): _____

Selling price: _____ Closing/Effective date: _____

Check here if any of the following options apply:

Well water: _____ Paid by an association: _____

Exempt status: _____ List reason for exemption: _____

Seller/Grantor current address: _____

Seller/Grantor forwarding address: _____

New owner/Grantee: _____

New owner/Grantee current address: _____

FAX THIS COMPLETED FORM 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:

_____ Hold for pick-up by: _____

_____ Fax to: _____ Fax Number: _____

IF CLOSING DATE IS CHANGED OR CANCELLED, PLEASE NOTIFY OUR OFFICE IMMEDIATELY VIA FAX NUMBER (630)256-3609.

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 faxed SOA the day prior to closing, please contact the Revenue and Collections Division at (630) 256-3570 to check the status.

For questions regarding initiation of this form please call the City of Aurora Water Billing Division at (630) 256-3600.