

City of Anacortes Request for Estimate of Final Billing

Date of Request:	Requested by:
Telephone:	Email:
Escrow Number	Title Co.:
Fax Number:	Estimated Closing Date:

Request for Estimate of Final Billing of Utility Services for:

Street Address:				
Parcel Number:				
City of Anacortes Response				
Utility Account No.:				
Past due or delinquen	t amounts: \$			
Current amount due: \$	\$			
Estimated amount due	e for estimated closing da	ate: \$		
Estimated per diem ra	te after estimated closing	g date: \$		
Outstanding LID's/Late	ecomer's/Assessments:	NO	YES \$	
Signed date:	Utility Bi	lling Tech:		
	Buyer/Seller's Infor	rmation		
~Buyer's Name:				
	Email:			
~Seller's Name:				
Forwarding Address: _				
Telephone:	Email:			

ON CLOSING DATE
PLEASE CONTACT US VIA EMAIL AT

utilitybilling@cityofanacortes.org

Utility Billing Telephone: 360.293.1909 ~ Fax: 360.293.1928