

Tri County Joint Municipal Authority PO Box 758 26 Monongahela Avenue Fredericktown, PA 15333 T 724.377.2211 F 724.377.2212 www.tricountypa.org

APPLICATION FOR FINAL BILL

This application MUST be received seven to ten (7-10 days) prior to closing. A completed Application for a Final Bill may be emailed to admin@tricountypa.org.

SECTION TO BE COMPLETED BY SELLERS REALTOR

| PΙ | FASE | PRINT | CLEARLY | |
|----|------|-------|---------|--|
| | | | | |

| 1. Account Number: | | |
|---|-----------------------|--|
| 2. Property Address & Zip Code: | | |
| 4. Final Reading Date: | | |
| 5. Property Closing Date: | | |
| 6. Sellers Real Estate Agent: | | |
| 7. Agency Address: | | |
| 8. Phone No: | | |
| 9. Current Owner (Seller): | | |
| 10. Phone No: | | |
| 11. New Owner (Buyer): | | |
| 12. Phone No: | | |
| 13. New Owners Billing Address: | | |
| (Complete ONLY IF FUTURE billing address differs to | rom property address) | |
| 14. Telephone Number for New Owner at above add | ress: | |
| (If ava | ailable) | |
| 15. Mail final bill to: | | |
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