

**CITY OF SOUTHBELOIT  
SEWER CERTIFICATION REQUEST FORM**

Please mail or fax to:  
Attn: Deputy Clerk - Karen Brandenburg  
519 Blackhawk Blvd., Suite #2  
South Beloit, IL 61080  
Phone: (815) 389-3023 Fax: (815) 389-8830

\_\_\_\_\_  
Name of Company Requesting Information

\_\_\_\_\_  
Address: Street or PO Box

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

Address Information to be provided for: \_\_\_\_\_

Property Code: \_\_\_\_\_

Current Owner of Record: \_\_\_\_\_

Tentative Closing Date: \_\_\_\_\_

New Owner of Record will be: \_\_\_\_\_

Is property Currently  Vacant  Occupied  Residential  Commercial

**NOTE: 10 days prior notice is required for release of information.  
\$10.00 fee per account must accompany request.**

**FOR OFFICE USE ONLY**

Date Request Received: \_\_\_\_\_ Current Balance: \_\_\_\_\_ As of: \_\_\_\_\_

Latest Bill Date: \_\_\_\_\_ Amount Billed: \_\_\_\_\_  
Current Past Due

Estimated Charges to be incurred through Closing Date: \_\_\_\_\_ Lien: Y / N

<table style="width: 100%;"><tr><td style="width: 50%; border-bottom: 1px solid black;">Account Number</td><td style="width: 50%; border-bottom: 1px solid black;">Balance Due</td></tr><tr><td style="border-bottom: 1px solid black;">Account Number</td><td style="border-bottom: 1px solid black;">Balance Due</td></tr><tr><td style="border-bottom: 1px solid black;">Account Number</td><td style="border-bottom: 1px solid black;">Balance Due</td></tr><tr><td style="border-bottom: 1px solid black;">Account Number</td><td style="border-bottom: 1px solid black;">Balance Due</td></tr></table>	Account Number	Balance Due	Account Number	Balance Due	Account Number	Balance Due	Account Number	Balance Due	<p><b>*Please send separate check for each line item below</b></p> <p>Sewer Balance: _____</p> <p>Sewer Cert. Fee: _____</p> <p>Lien Release Fee: _____</p>
Account Number	Balance Due								
Account Number	Balance Due								
Account Number	Balance Due								
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**Clearwater Inspection Complete : Y / N**