

**CITY OF SOUTHBELOIT
SEWER CERTIFICATION REQUEST FORM**

Please mail or fax to:
Attn: Deputy Clerk - Karolynn Vance
k.vance@southbeloit.org
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: _____

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

_____ Account Number	_____ Balance Due	*Please send separate check for each line item below Sewer Balance: _____ Sewer Cert. Fee: _____ Lien Release Fee: _____
_____ Account Number	_____ Balance Due	
_____ Account Number	_____ Balance Due	
_____ Account Number	_____ Balance Due	

Clearwater Inspection Complete : Y / N IN COMPLIANCE: _____ NOT IN COMPLIANCE: _____

"A lien release shall be issued by the City for any sewer liens recorded by the City upon receipt of full payment of the above-indicated amounts owed".

(Signature of City Staff)