

**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>*Please send separate check for each line item below</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								
Account Number	Balance Due								

Clearwater Inspection Complete : Y / N