



Town of Harwich  
**Water Department**  
 196 Chatham Road  
 Harwich MA 02645  
 Ph: 508-432-0304  
 Fax: 888-774-3557

**TRANSFER REQUEST FORM  
 FOR  
 FINAL WATER INVOICE**

www.harwichwater.com

SELLER INFORMATION		BUYER INFORMATION	
Name: _____		Buyer 1: _____	
Location: _____		Buyer 2: _____	
Requestor: _____		Mailing Address: _____	
Agency: _____		_____	
Phone: _____		City/State/Zip: _____	
FINAL INVOICE DELIVERY METHOD: <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL			
Fax No: _____		<b>REQUIRED</b>	
Email: _____		Buyer Phone #: _____	
<b>*Closing Date:</b> _____		Buyer Cell Phone: _____	
		Buyer Email: _____	
<b>Transfer fee: \$60.00 (Prepaid)</b>		Is there irrigation at property? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is this property a foreclosure? YES <input type="checkbox"/> NO <input type="checkbox"/>		Is property currently occupied? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>*TRANSFER DISCLOSURE:</b>			
THE REQUESTING PARTY AGREES TO NOTIFY THE HARWICH WATER DEPARTMENT IN THE EVENT OF A CHANGE TO THE CLOSING DATE OR IF THE PROPERTY DOES NOT TRANSFER OWNERSHIP. THE DEPARTMENT WILL NOT BE HELD RESPONSIBLE FOR ANY CHANGES TO THE FINAL BILLABLE AMOUNT OR OTHERWISE IF THE DEPARTMENT IS NOT NOTIFIED.			
Please submit this form to the Harwich Water Department along with the \$60 Transfer Fee made payable to the <i>Town of Harwich</i> . Payment can also be made online at <a href="http://www.harwichwater.com">www.harwichwater.com</a> with prior notice. Note: Transfer requests require a minimum notice of <b>10 business days</b> . <b>If the property is a <u>foreclosure</u>, call the dept. to set up an appointment so that we can obtain a visual read.</b>			
OFFICE USE ONLY			
Transfer Fee Paid By: _____		Payment Method: _____	
Account Number: _____		Last Read & Date: _____	
Seller ID Number: _____		Present Read: _____	
Scheduled Read Date: _____		Total Usage: _____	
Seasonal Service? YES <input type="checkbox"/> NO <input type="checkbox"/>		Total Due: _____	
Packet Sent? YES <input type="checkbox"/> NO <input type="checkbox"/>		Date Faxed/Emailed: _____	
Service Tight Member? YES <input type="checkbox"/> NO <input type="checkbox"/>		Processed By: _____	