



www.harwichwater.com

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

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: _____		REQUIRED	
Email: _____		Buyer Phone #: _____	
*Closing Date: _____		Buyer Cell Phone: _____	
		Buyer Email: _____	
Transfer fee: \$60.00 (Prepaid)		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"/>	
*TRANSFER DISCLOSURE:			
THE REQUESTING PARTY AGREES TO NOTIFY THE DEPARTMENT IF THERE IS 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 IF THE DATE CHANGES. THE BUYER/SELLER MAY CHOOSE TO PRORATE ANY USAGE BETWEEN THE FINAL READ AND CLOSING DATES.			
Please submit this form to the Water Department with the \$60 Transfer Fee made payable to the <i>Town of Harwich</i> . This form can also be emailed to customerservice@harwichwater.com and payment can be made online at www.harwichwater.com with prior notice. Note: Requests require a minimum notice of 10 business days . If the property is a foreclosure, call the office at 508-432-0304 to set an appointment.			
OFFICE USE ONLY			
Transfer Fee Paid By: _____		Payment Method: _____	
Account Number: _____		Last Read & Date: _____	
Seller/Buyer 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: _____	