



Town of Wallingford Water and Sewer Divisions Real Estate Closing Form

This form must be completed by the law office representing the Seller.

Seller's Information:

Name(s) _____ Telephone No. _____

Property Address _____

Attorney's Information:

Firm Name _____ Telephone No. _____

Contact Person _____ Fax No. _____

Closing Date _____

Buyer's Information:

Name(s) _____

***ALL NAMES AS LISTED ON DEED**

Telephone No. _____ Email Address _____

Mailing Address if Different than Above _____

***ALL CLOSINGS SHOULD BE SUBMITTED A MINIMUM OF TWO (2) BUSINESS DAYS PRIOR TO THE CLOSING DATE.**

***ANY CHANGES TO CLOSINGS - INCLUDING THE DATE - SHOULD BE TELEPHONED IN TO THE BUSINESS OFFICE 203-949-2660 AS SOON AS POSSIBLE.**

*If an appointment is needed for final billing, we will contact your office.

Please email completed form to: wscustomer@wallingfordct.gov or fax to: 203-949-2678

For Water and Sewer Divisions Use Only

Account No. _____ Reg No. _____

Location _____

Reading _____ Read Date _____

Notes _____
