

**NARRAGANSETT BAY COMMISSION
REAL ESTATE CLOSING REQUEST**

*Required field

Date* _____

Property Address* _____

Property Address 2 _____

City* _____ State _____

Zip _____

Plat _____ Lot _____

Property Connected to Sewer (Y/N)* _____

Vacant or Occupied* _____

Reading Information

Current Reading* _____ Meter Reading Date* _____

Closing Date* _____

Requestor Name* _____

Address* _____

Address 2 _____

City* _____ State _____

Zip _____

Email* _____

Buyer Name* _____

Buyer Future Billing Address _____

Address 2 _____

City* _____ State _____

Zip _____

Phone* _____