



CITY OF NORTHAMPTON, MASSACHUSETTS  
DEPARTMENT OF PUBLIC WORKS  
125 Locust Street  
Northampton, MA 01060

413-587-1570  
Fax 413-587-1576

Donna LaScaleia  
Director

**FINAL SALE**

Property Address: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Closing Date: \_\_\_\_\_ Requested Read Date: \_\_\_\_\_ Fee for Service: \$75.00

Requester's Name: \_\_\_\_\_ Requester's Phone #: \_\_\_\_\_

Buyer's Name(s): \_\_\_\_\_

Future Utility Bills should be sent to the **NEW** owner(s) at the following address (check one):

Use property address listed above

Mailing Address (if not property address): \_\_\_\_\_

Buyer's Attorney Name: \_\_\_\_\_ Attorney's Phone #: \_\_\_\_\_

Attorney's Email: \_\_\_\_\_ Attorney's Fax #: \_\_\_\_\_

Seller's Name(s): \_\_\_\_\_

Seller's Attorney Name: \_\_\_\_\_ Attorney's Phone #: \_\_\_\_\_

Attorney's Email: \_\_\_\_\_ Attorney's Fax #: \_\_\_\_\_

**For office use only:**

Final Read: \_\_\_\_\_

Account #: \_\_\_\_\_ MXU #: \_\_\_\_\_ L/R \_\_\_\_\_

Old OID/CID: \_\_\_\_\_ New OID/CID: \_\_\_\_\_

Water \$ \_\_\_\_\_ Sewer \$ \_\_\_\_\_ Stormwater \$ \_\_\_\_\_ Total Bill \$ \_\_\_\_\_

Date Fee Paid: \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Paid By: \_\_\_\_\_

Received By: \_\_\_\_\_ Check # \_\_\_\_\_ Cash: \_\_\_\_\_