



The City of Saint John

P.O. Box 1971
Saint John, NB E2L 4L1

**WATER RATES
PROPERTY INFORMATION REQUEST FORM
collections@saintjohn.ca, PHONE NO: 506-635-2013**

PRESENT OWNER (VENDOR): _____

PROPERTY LOCATION: _____

UNITS/USE OF PROPERTY: _____

PID _____ **PAN** _____

NEW OWNER (PURCHASER): _____

NEW OWNERS MAILING ADDRESS: _____

NEW OWNERS E-MAIL ADDRESS: _____

PHONE NUMBERS FOR NEW OWNER IF YOU ARE PURCHASER'S LAWYER;

HOME: _____ **WORK:** _____ **CELL:** _____

VENDOR'S LAWYER: _____

PURCHASER'S LAWYER: _____

SALE DATE: _____

LAWYER REQUESTING INFORMATION: _____

FAX NO: _____ **TEL NO:** _____

\$25.00 FEE WILL BE PAID BY: CASH _____ CHEQUE _____ CREDIT CARD _____

PHONE NO. FOR CREDIT CARD PAYMENT _____

*****IF PAYING BY CREDIT CARD, DO NOT SEND CREDIT CARD INFORMATION VIA E-MAIL. WE WILL CONTACT YOU FOR PAYMENT. PLEASE PROVIDE THE BEST CONTACT NUMBER WE CAN CALL TO OBTAIN CREDIT CARD INFORMATION*****

INFORMATION WILL BE FORWARDED TO YOU UPON RECEIPT OF \$25.00

WATER & SEWERAGE CERTIFICATE REQUIRED: YES _____ **NO** _____

NAME: _____

ADDRESS: _____

PREPARED BY: _____ **DATE:** _____