

RESIDENTIAL FINAL BILL REQUEST LETTER

Attn Title Companies, for Commercial and Multi-Family, please contact Triview Metropolitan District at 719-488-6868

DO NOT SEND Triview or their Billing Agent, American Conservation and Billing Solutions (AMCOBI)

Seller Holdback Funds, please pay Final Bill Only

This form must be emailed to info@triviewmetro.com

	TITLE COMPANY:		CLOSING DATE:	
	ESCROW OFFICER:		FILE NO:	
	PHONE #:	_ EMAIL:		
1.	SERVICE ADDRESS:			
2.	NAME OF SELLER:			
	SELLER'S PHONE NUMBE	R:		
3.	BUYER'S NAME(S):			
	BUYER'S NAME(S):			
4.	BUYER'S MAILING ADDRESS: Check Box if same as service address, If not provide of mailing address:			
	Occupancy of Buyer, check box:	wner occu	ıpied	Non-Owner Occupied
5.	BUYER'S EMAIL ADDRESS:			
	BUYER'S EMAIL ADDRESS:			
6.	BUYERS PHONE NUMBER:			·
	BUYERS PHONE NUMBER:			