

**SOUTH ISLAND PUBLIC SERVICE DISTRICT
2 GENESTA STREET
PO BOX 5148
HILTON HEAD ISLAND, SC 29928
843-785-6224**

CLOSING CHARGE REQUEST FORM

CLOSING ATT REQUESTING CHARGES: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CURRENT PROPERTY OWNERS: _____

LEGAL ADDRESS: _____

SERVICE ADDRESS: _____

CLOSING DATE: _____

SERVICE DATES:

WATER AND SEWER CHARGES: _____

SELLER TRANSFER FEE: \$25

TOTAL AMOUNT TO COLLECT: _____

NEW CUSTOMER NAME: _____

BILL TO ADDRESS POST CLOSING: _____

PHONE NUMBER: _____

EMAIL ADDRESS:

ACCOUNT NUMBER:

PLEASE SEND NEW PROPERTY OWNERS INFORMATION WITH PAYMENT

ALL AMOUNTS WILL BE GIVEN TWO DAYS PRIOR TO PROPERTY CLOSINGS

Email to: christa@sipsd.com