

# Balance Due Request

(please allow a minimum of 2-3 business days for processing)

Form may be mailed to: **City of Albion Finance Department, 112 W. Cass St., Albion, MI 49224** or faxed to: **(517) 629-2238** – remember to fax both pages if a Final Read is needed! You may also email the form to [ETobin@CityofAlbionMI.gov](mailto:ETobin@CityofAlbionMI.gov).

There is a **\$10.00** per parcel processing fee.

From: \_\_\_\_\_ Fax #: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Re: \_\_\_\_\_ (Property Address) \_\_\_\_\_ (Parcel #)

Date Submitted: \_\_\_\_\_

## \*City Completes the Items Below

The following is due to the City of Albion for the property given above.

Water/Sewer bill\* as of \_\_\_\_\_ Acct # \_\_\_\_\_ \$ \_\_\_\_\_

(Note that a balance may still be outstanding since last billing, please submit a ***“Final Read Request”*** if one is needed.)

<u>Current</u> Property Taxes (Prior year tax amounts must be obtained <u>from the County</u> )	Summer: _____
	Winter: _____
Personal Property Taxes (Commercial properties <b><u>ONLY</u></b> )	Current: _____
	Delinquent: _____
Weed, Trash &/or other abatements (Misc. Receivables)	Processed: _____
	Pending: _____
CDBG Loan	Balance: _____
Sidewalk Assessment	Balance: _____
Other: _____	_____

These amounts are approximations only and should not be used for a property closing unless signed below by City of Albion Deputy Treasurer, Finance Director or City Manager. If signed below, these amounts are valid for no more than fifteen (15) calendar days beginning on the date given below.

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
for the City of Albion

**City of Albion**  
Final Read Request

Please print all information

Final Read Requested by \_\_\_\_\_

for the property located at \_\_\_\_\_

as of \_\_\_\_\_ (Date account will be transferred to new owner)  
Date

Name/Mailing Address of Current Owner \_\_\_\_\_  
(Where do they want their final bill to be sent)

\_\_\_\_\_

\_\_\_\_\_

Name/Mailing Address of New Owner \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Owner Phone Number: \_\_\_\_\_

Note: New owner will need to come in and show ID to complete setting up an account!

\_\_\_\_\_

**\*For City of Albion Use Only\***

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

\_\_\_\_\_  
City of Albion Utility Clerk Date