

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 sides if a Final Read is needed!

There is a **\$2.00 per parcel** processing fee.

From: _____ Fax #: _____

_____ Phone #: _____

Re: _____ (Property Address) _____ (Parcel #)

Date Submitted: _____

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

Water/Sewer bill* as of _____ \$ _____
(Please submit a **“Final Read Request”** if one is needed)

Current Property Taxes Summer _____
Prior year tax amounts must be Winter _____
obtained from the County

Personal Property Taxes Current _____
(Commercial properties **ONLY**) Delinquent _____

Weed, Trash &/or other abatements _____

CDBG Loan _____

Other _____

Total: \$ _____

These amounts are approximations only and should not be used for a property closing unless signed below by City of Albion Deputy Treasure, 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

Name/Mailing Address of Current Owner _____

Name/Mailing Address of New Owner _____

For City of Albion Use Only

Final Read: _____

Final Bill: _____

City of Albion Utility Clerk

Date