

## ATTORNEY CLOSING & PAYMENT/PAYOFF REQUEST

**DATE:** \_\_\_\_\_ **PSD ACCOUNT #:** \_\_\_\_\_ **PSD LOC.#** \_\_\_\_\_

**Lawyer's Name:** \_\_\_\_\_

Caller: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Closing: \_\_\_\_\_ Date Needed: \_\_\_\_\_

MAP Parcel ID #: \_\_\_\_\_ Key/Alternate ID#: \_\_\_\_\_

**Seller's Name:** \_\_\_\_\_

Legal Address (Lot): \_\_\_\_\_ E-mail: \_\_\_\_\_

Service Address: \_\_\_\_\_

Address (Mailing/Billing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Buyer's Name:** \_\_\_\_\_

Address (Mailing/Billing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**COPY OF CLOSING STATEMENT AND PROOF OF THE FOLLOWING REQUIRED:**

**Assessment\*:** \$ \_\_\_\_\_

**Current Balance:** \$ \_\_\_\_\_

**Estimate of Usage Reading:** \$ \_\_\_\_\_

**Total Due Hilton Head PSD:** \$ \_\_\_\_\_

**Please check if owner is renting or leasing back.**

Please contact the PSD if the closing has been cancelled or the closing date has changed. All changes must be provided to the PSD at least 2 business days in advance. The PSD cannot make retroactive changes if a timely change request is not made or if the rent/lease back box is not appropriately checked; it will be up to the buyer and seller to make their own adjustments.

*\*These are liens against the property and stay with the property until it is paid. Should be clearly indicated on buyer and seller closing statement.*