Clear River
Electric & Water District

Water Closing Form

Date: _____

Contact: _____

Firm: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Mailing Address: _____

Buyer: _____

Seller: _____

Property Location: _____

Closing Date: _____

☐ I agree to notify Clear River Electric & Water District (CREW) if the closing date changes from the above set date. (Please check)

CREW will return this information two days before the closing.

Account Number: _____ Date:_____

Final Read Dates: _____ to _____

Total Amount Due: _____