

Billing Services

REQUEST FOR STATUS/FINAL READING

EMAIL TO: BILL	INGSERVICES@CLACONNECT.COM
ENTITY NAME:	
TITLE COMPANY NAME:	
PHONE NUMBER:	
CLOSING DATE:	
**NEED BY DATE:	
PROPERTY ADDRESS:	
SELLERS(S):	
PLEASE MARK APPROPRIATE	
BUYER WIL	L OCCUPY PROPERTY
BUYER WILL NOT OCCUPY (CC	OMPLETE NEXT LINE)
BILLING ADDRESS OF NON-	
OCCUPYING BUYER:	
-	
REQUESTED BY:	
REQUESTOR'S EMAIL ADDRESS:	
*This is the email address th	nat the final will be sent to. Paper copies of final bills
or status letters must be ma	de by special request.
Additional notes below as needed:	