Water and Property Tax Information Request Form

Town of Dagsboro
33134 Main St
PO Box 420
Dagsboro, DE 19939
Phone: (302)732-3777
Fax: (302)732-3907

Requesters Information (please allow 2 business days)

| Date: ____________________ |
| Name (Last, first,) ______________________________ |
| Business Name ______________________________ |
| Street address, City ______________________________ |
| ST, ZIP Code ______________________________ |
| Phone number | Fax number: ______________________________ |
| Email address: ______________________________ |

Type of Request

□ Water Bill  □ Property Taxes

Property Seller’s Name: ______________________________ Settlement Date: ________________
Property Address: ______________________________ Development Name: ________________
Tax Map Parcel #: 2-33-____-____-____-____-____-____  Unit #: __________
Water Account Number: ______________________________

Water bills are generated on the 23rd of the month. If the balance is not paid it will be the New Owner’s Responsibility.

Current Due*: ______  Usage Period ______
Past Due: ______  Total Due: ______

*Current Balance may include an estimated bill for the next read. This estimate is based on the average usage and fees.

Property Tax Year is July 1st - June 30th

| Base Tax: $ __________ |
| Past Due: $ __________ |
| Years: ______ ______ ______ |
| Total Due: $ __________ |

Taxes are due by September 30. Past due payments accrue interest at a rate of 1% per month.

This information is correct as of ______________________________.

____________________________
Name and Title

____________________________
Signature

For Office Use

Date Received ____________
How Received: Email or Fax

□ Emailed □ Faxed On ____________