

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)*

Name (Last, first,) _____ Date: _____
Street address, City _____ Business Name _____
Phone number | Fax number: _____ ST, ZIP Code _____
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: \$ _____ Paid/Due

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 _____
Date

Name and Title

Signature

For Office Use

Date Received

How Received: Email or Fax

Emailed Faxed On _____