

To: Philadelphia Dept. of Revenue, Agency Receivables - Fax 215-686-6828
Date: _____

BILL CERTIFICATION AND PAYOFF REQUEST FORM

From: Company _____ Name: _____
Telephone #: _____ Facsimile #: _____
Date of Settlement: _____ Date Information Needed By: _____

PLEASE PROVIDE BY RETURN FAX, PAYOFF AMOUNTS & GOOD THROUGH DATES FOR ANY LIENS LISTED BELOW, AND FOR ALL BILLS IN YOUR SYSTEM FOR:

Address: _____

BRT# _____

(type known lien # and date or attach copy of City's "Agency Receivables Inquire Bill" from title search)

Lien #: _____ violation date: _____ PAYOFF: \$ _____ if paid by _____

Lien #: _____ violation date: _____ PAYOFF: \$ _____ if paid by _____

Lien #: _____ violation date: _____ PAYOFF: \$ _____ if paid by _____

Bills: _____

IF THERE ARE NO BILLS AND NO LIENS IN THE CITY'S SYSTEM PLEASE CHECK HERE:

NO BILLS & NO LIENS IN THE CITY'S SYSTEM FOR THIS ADDRESS AS OF _____ (enter Today's Date).

Form completed by: _____
Dept. of Revenue employee name