



**CITY OF AURORA ILLINOIS**  
**REQUEST FOR**  
**STATEMENT OF OPEN ACCOUNTS**

Seller/Grantor name(s): \_\_\_\_\_ Phone number: \_\_\_\_\_

Address of property closing: \_\_\_\_\_

Seller/Grantor agent, name & phone number: \_\_\_\_\_

***/we hereby authorize you to release to my/our agent a statement of open accounts and any information that is required to be released pursuant to city ordinances.***

Seller/Grantor(s) signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED INFORMATION** – PIN / Parcel #(s): \_\_\_\_\_

Selling price: \_\_\_\_\_ \*\*Closing/Effective date: \_\_\_\_\_

\*Quit Claim or Foreclosure \_\_\_\_\_ **\*A copy of the deed must be included with this request**

Check here if any of the following options apply:

Current rental property:      Future rental property:      Seller renting-back:

Well water:      Paid by association:      Exempt status:      Reason for exemption:

Seller/Grantor post-closing address: \_\_\_\_\_

New owner/Grantee: \_\_\_\_\_

New owner/Grantee current address: \_\_\_\_\_

**EMAIL COMPLETED FORM TO [water@aurora.il.us](mailto:water@aurora.il.us) OR fax to (630) 256-3609.**

***This request must be received at least 5 business days prior to closing for timely processing. Incomplete forms will be returned, which will also cause a delay in the processing of your request. Please remember, the Statement of Open Accounts is only valid through the closing date submitted on this request.***

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Disposition of Statement:

Call or Hold for pick-up: \_\_\_\_\_

Fax or Email to: \_\_\_\_\_

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***\*\*IF CLOSING DATE IS CHANGED OR CANCELLED, PLEASE NOTIFY THE WATER BILLING DIVISION IMMEDIATELY VIA FAX (630)256-3609 OR EMAIL [water@aurora.il.us](mailto:water@aurora.il.us)***

*This is NOT the actual Statement of Open Accounts; this is only a request for information needed to complete the Statement of Open Accounts.*

If you do not receive the SOA **one business day prior to closing**, please contact the **Revenue and Collections Division** at **(630) 256-3570** or email **[transferstamps@aurora.il.us](mailto:transferstamps@aurora.il.us)** to check the status.

For questions regarding initiation of this form please call the City of Aurora Water Billing Division at (630) 256-3600 or email [water@aurora.il.us](mailto:water@aurora.il.us)