

AHEAD PARALEGAL SERVICES

CHICAGO WATER FULL PAYMENT CERTIFICATE

please email form to aheadparalegalservices@gmail.com

ORDER DATE _____

1. Requested by: _____ Client Address _____

Phone _____ Email _____

IN ORDER TO PROCESS YOUR WATER FULL PAYMENT CERTIFICATE—THE CITY OF CHICAGO NOW REQUIRES
Exempt Water Full Payment Request MUST INCLUDE: A Copy of the signed and notarized deed
Non-Exempt Water Full Payment Requests MUST INCLUDE: Title Commitment Schedule A or Signed Sales Contract
PLEASE INCLUDE THESE FORMS IN YOUR EMAIL

2. Water Certificate Tax Exempt ___ Yes ___ No (**\$50 fee**) If yes, Tax-Exempt Code (B thru M) _____

3. Property Address _____ Zip _____

4. PIN # _____ Number of Dwelling Units _____

5. Type of Property (mark where appropriate)

___ Single Family ___ Condo ___ Townhouse ___ New Construction
 ___ Two Units ___ Condo Conversion ___ Mixed Use ___ Vacant Lot
 ___ Apt Bldg # of Units ___ ___ Co-op ___ Commercial ___ Other (Describe) _____

6. Buyer's Name _____

Present Address _____

Phone Number _____

Attorney's Name _____ Phone _____

7. Seller's Name _____

Seller's Address _____

Phone Number _____

Seller's New Address _____

Phone Number _____

Access Information Name _____ Phone _____

8. Questions—Comments _____

AHEAD PARALEGAL SERVICES PAYMENT CLAUSE

This request for services rendered by Ahead Paralegal Services is a binding contract. All bills are to be paid by the attorney, person or firm/corp, submitting the request for service. Payments must be made upfront for all city and associated fees unless previously arranged by with Ahead Paralegal Services.