



SELLER: _____

A/N: _____

**BROAD CREEK PSD
WATER BILLING CLOSINGS**

ATTORNEY: _____

ATTN: _____

DATE OF CLOSING: _____

FAX # _____

ADDRESS: _____

EMAIL: _____

	FLAT RATE	WATER USAGE	TRANSFER FEE	TOTAL
JAN				
FEB				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUG				
SEPT				
OCT				
NOV				
DEC				
SELLER				
BUYER	35.00		50.00	\$85.00
TOTAL	35.00		50.00	

BROAD CREEK PSD P O BOX 5878

HILTON HEAD ISL, SC

29938

PLEASE HAVE BUYER COMPLETE THE ENCLOSED FORM AND RETURN TO US. THANKS

FAX BACK TO MARGIE AT 785-8196 PH # 785-7582 EMAIL: manderson@bcpsd.com