

**SOUTH ISLAND PUBLIC SERVICE DISTRICT  
2 GENESTA STREET  
PO BOX 5148  
HILTON HEAD ISLAND, SC 29928  
843-785-6224**

CLOSING CHARGE REQUEST FORM

CLOSING ATT REQUESTING CHARGES: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CURRENT PROPERTY OWNERS: \_\_\_\_\_

LEGAL ADDRESS: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

CLOSING DATE: \_\_\_\_\_

SERVICE DATES: \_\_\_\_\_

AMOUNT TO COLLECT: \_\_\_\_\_

NEW CUSTOMER NAME: \_\_\_\_\_

BILL TO ADDRESS POST CLOSING: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

PLEASE SEND NEW PROPERTY OWNERS INFORMATION WITH PAYMENT

**\*\*ALL AMOUNTS WILL BE GIVEN TWO DAYS PRIOR TO PROPERTY CLOSINGS\*\***

Email to: [jacinda@sipsd.com](mailto:jacinda@sipsd.com)