



FINANCE DIVISION

City of Huntington
Finance Division
P.O. Box 1659 | Huntington, WV 25717
(304) 696-5540, option 4
finance@huntingtonwv.gov

Transfer of Real Property Report - Closing Form

Please complete form and fax or e-mail to Finance Division two (2) business days prior to date property is transferred.

Note to Closing Agent: Please withhold from grantor (seller) the total fees due the City of Huntington. Please remit funds on the date of closing. If closing occurs after hours of operation, Saturday, Sunday or City Holiday, please remit funds by next business day. Mail to above address at ATTN: Property Transfer, Finance Division. Include a copy of this worksheet with your payment to ensure proper crediting of your account.

Property Address

(House No./Street/City/Zip): _____

Current Owner Name(s): _____

Current Owner Mailing Address: _____

Closing Agent: _____

Closing Agent Mailing Address: _____

Closing Agent Phone: _____

Closing Agent E-mail: _____

Closing Agent Fax: _____

Closing Date: _____

New Owner Name: _____

New Owner Mailing Address: _____

Is this a refinance? YES NO

What is the property class? Class II Class IV

Is there a lien? YES NO

TO BE COMPLETED BY CITY OF HUNTINGTON FINANCE DIVISION:

Municipal Service Fee

| | | | | | | | | | | | | | | | |
|-------|--|--|--|--|--|--|--|--|--|---|---|---|--|----|-------|
| _____ | | | | | | | | | | - | 0 | 0 | | \$ | _____ |
| _____ | | | | | | | | | | - | 0 | 0 | | \$ | _____ |
| _____ | | | | | | | | | | - | 0 | 0 | | \$ | _____ |

Refuse Service Fee

| | | | | | | | | | | | | | | | |
|-------|--|--|--|--|--|--|--|--|--|---|---|---|--|----|-------|
| _____ | | | | | | | | | | - | 0 | 0 | | \$ | _____ |
| _____ | | | | | | | | | | - | 0 | 0 | | \$ | _____ |
| _____ | | | | | | | | | | - | 0 | 0 | | \$ | _____ |
| _____ | | | | | | | | | | - | 0 | 0 | | \$ | _____ |

Court Costs + Interest

Added if property has been liened \$ _____

TOTAL FEES OWED THE CITY: \$ _____

Employee Name: _____

City Attorney Approval: _____

Date/Time Sent to Agent: _____

Finance Director Approval: _____

Date/Time Returned: _____

Please Contact:

Huntington Sanitary Board
for owed sanitary and/or water quality
fees

Tammy Leek, 304-781-1905
tleek@huntingtonsb.com