



Finance Department
Utility Division
email: assessments@postfalls.gov

REQUEST FOR ASSESSMENT INFORMATION

Date of Request _____ Est. Closing Date _____

Title Company Name _____

Attention _____

Phone # _____ Fax # _____

Refinance or Sale? _____

Utility Acct. # _____ Utilities Included: _____

Service Address _____

Parcel # & Legal Description _____

Seller's Name _____

Buyer's Name _____

Paid Current Owing – Amount Due _____
Good Thru _____

LID Account # _____

Current Owner of Record _____

Please complete all of the above requested information in connection with your client's closing ***at least 48 hours*** before your estimated closing date. This will allow our clerks time to access this information and give you complete & accurate information.

Assessment information will not be given via phone. You will receive this form back with the information filled out for you by our Finance Department.

If you have any questions or concerns regarding this form or the information listed on it, please call us at (208)777-4504

**PROCEEDS MUST BE SENT WITH A COPY OF
THE WARRANTY DEED**