



Finance Department  
Utility Division  
EMail: assessments@postfallsidaho.org

## REQUEST FOR ASSESSMENT INFORMATION

Date of Request \_\_\_\_\_ Est. Closing Date \_\_\_\_\_

Title Company Name \_\_\_\_\_

Attention \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Refinance or Sale? \_\_\_\_\_

Utility Acct. # \_\_\_\_\_

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**