

Philadelphia Gas Works



PGW Credit and Collections Department
 Collections: (215) 235-1777
 Fax: (215) 684-6150

ACCOUNT PAY-OFF INQUIRY FORM

AGENCY USE ONLY

Your File #: 4764-S
 Law Firm/Title Agency: Sentex Settlement Services, Inc. Requestor Name: Heather Ruggia
 Telephone #: 215-947-8277 Facsimile #: 215-933-5280
 Date of Settlement: 2-1-2016 2-2-16

Authorization: By submitting this form to PGW, you represent and certify (i) that you are authorized by the owner of the below property to request payoff and account information for this property, and (ii) that all information you submitted is to the best of your knowledge true, correct and complete.

Property Information (Please provide account numbers)

Address: 4246 Parkside Avenue Account #: _____
 Owner(s): James L. Brown, IV and Charlotte B. Brown

Please Check All Applicable Boxes:

Purpose: Sale Refinance Foreclosure
 Type: Commercial Rental Mixed Use Rental Residential Rental Owner Occupied Unknown

If Sheriff Sale, Defendant Name: _____

Book/Writ # _____
 File Date: 04/27/2011 Active
 File Date: 04/27/2011 Active
 File Date: 04/27/2011 Active

Judgment/Lien Docket #: 110438387
 Judgment/Lien Docket #: 110438388
 Judgment/Lien Docket #: 110438390

DISCLAIMER: The pay-off information provided by PGW above is based on the property and owner information provided by the law firm/title agency. Failure to provide accurate information could affect the accuracy of the pay-off information reported by PGW. The pay off and LCP information provided in this payoff statement is valid as of the date PGW faxes it to you. This pay-off statement is not a final bill.

*Make checks payable to PGW and return this completed form with the amount paid by your firm or agency, consisting of the "Amount Due", for each account listed. Forward with payment to:

PGW - Collection Department
 800 W. Montgomery Avenue, 3rd Floor
 Philadelphia, PA 19122
 Attn: Lens & Judgments

**The "Pay Through Date" may not include the final bill. If the owner is terminating service as of the settlement date, please provide the owner's mailing address for the final bill:

ADDRESS

Failure to return this form along with your payment may result in a delay or incorrect processing of payment.

PGW USE ONLY

No Record of Account-(i) Verify type and status of services with owner, and (ii) re-contact PGW

Meter#: 1454008 Meter Reading: 8969 Date: 1-31-2005 Actul/Estimate/Final
 Meter#: 1454009 Meter Reading: 1526 Date: 2-18-07 Actul/Estimate/Final
 Meter#: 1745201 Meter Reading: 9215 Date: 4-17-2011 Actul/Estimate/Final

*TOTAL AMOUNT DUE: _____ LCP COOPERATIVE
 LCP NON-COOPERATIVE

List Of All Debt

Account#	Customer of Record	Start Date	End Date	Amount	*Paid Through Date	*Amount Due
13-5416-9277	DRAWY L JONES	1/1	1/1		2/17/2016	\$ 29,372.01
77-1205-6456	PAN KRIDE	1/1	1/1		2/17/2016	\$ 2,123.37
51-1205-8905	BROWN JAMES	1/1	1/1		2/17/2016	\$ 10,347.71

Judgment/Lien Docket #: _____ File Date: _____
 Judgment/Lien Docket #: _____ File Date: _____
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PREPARED BY: M. Scaryng DATE: 2/1/2016 PAGE 1 OF 2

Statement of Confidentiality: This facsimile contains confidential information intended only for the entity named above. Any use, distribution, copying or disclosure by any other entity or person is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the original transmission to us by mail without making a copy.

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COMMERCIAL

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Please Check All Applicable Boxes:

Purpose: Sale Refinance Foreclosure
Type: Commercial Rental Mixed Use Rental Residential Rental Owner Occupied Unknown

If Sheriff Sale, Defendant Name: _____ Book/Writ # _____
Judgment/Lien Docket #: 000230009 File Date: 02/15/2000 Done
Judgment/Lien Docket #: 040830736 File Date: 08/05/2004 Done
Judgment/Lien Docket #: 040835065 File Date: 08/25/2004 Done

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____ No Record of Account-(i) Verify type and status of services with owner, and (ii) re-contact PGW

Meter#: _____ Meter Reading: _____ Date: _____ Actual/Estimate/Final
Meter#: 2159650 Meter Reading: 8239 Date: 2-9-16 Actual/Estimate/Final
Meter#: _____ Meter Reading: _____ Date: _____ Actual/Estimate/Final

*TOTAL AMOUNT DUE: _____ LCP COOPERATIVE
LCP NON-COOPERATIVE

List Of All Debt

Account#:	Customer of Record:	Start Date:	End Date:	Amount:	*Paid Through Date:	*Amount Due:
<u>01-1305644</u>	<u>J. Brown</u>	<u>10/28/12</u>	<u>6/2/14</u>	<u>2792.72</u>	<u>6/2/14</u>	<u>2792.72</u>
<u>02-0157-5809</u>	<u>J. Rupp</u>	<u>1/1/14</u>	<u>1/1/14</u>	<u>2391.27</u>	<u>3/14/16</u>	<u>2391.27</u>

Judgment/Lien Docket #: _____ File Date: _____
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PREPARED BY: _____ DATE: _____ PAGE _____ OF _____

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