



PAYOFF INFORMATION REQUEST FORM

Company: _____ Attn: _____

Date: _____ Phone #: _____ E-Mail: _____

Service address: _____

Payoff amount good thru: _____

Mail lien release to: _____

City of O'Fallon to complete below.

Water and/or sewer charges: _____

Lien fee: _____

Penalties/accrued interest: _____

Total: _____ *

*This amount is good only thru: _____

****It is the responsibility of the Payor or their agent to file the lien release with the St Clair County Courthouse.**

Please make checks payable to: The City of O'Fallon

E-Mail questions or completed form to: water@ofallon.org

Mail completed form to: Utility Billing Department
City of O'Fallon
255 S. Lincoln Ave
O'Fallon, IL 62269

Fax completed form to: (618) 624-4508