

WOODMEN HILLS

METROPOLITAN DISTRICT

PAY OFF REQUEST FORM

Please fill out the applicable information and send **completed** form to
payoffrequest@whmd.org

Please allow up to 72 hours for a response.

Please ensure we are notified if the closing date changes or terminates to avoid billing issues.

Address: _____

Seller's Name(s): _____ Phone Number: _____

Seller's Forwarding Address
(used for applicable refund): _____

Buyer's Name(s): _____ Phone Number: _____

Buyer's Email Address: _____

Closing Date: _____

Rent Back Date (if applicable): _____

Title Company: _____

Title Company contact info: _____

If we do not receive information on the rent back date, we will final bill as of the closing date.

If you have any questions, please contact us: 719-495-2500