



Request for Pro-Rated Fees Invoice
(NEW HOME PURCHASES)

Date of Request: _____

Purchaser(s) Name(s): _____

Address (in Seton): _____ Postal Code: _____

Legal Description: _____
Plan Block Lot Unit (if applicable)

Possession Date: _____

Builder: _____

Send Pro-Rated Fees Invoice to:

Company: _____ Attention : _____

Address: _____ City: _____ Postal Code: _____

Email Address: _____

Phone Numuber: _____

Please allow up to three (3) business days for processing

This form is available on Seton-connect.com