

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.

Address: _____

Seller's Name(s): _____

Buyer's Name(s): _____

Closing Date: _____

Rent Back Date: _____

Title Company: _____

Title Co. Contact info: _____

If we do not receive information on the rent back date, we will final bill as of the closing date.
Any questions, please call 719-495-2500.