



FINAL WATER READING REQUEST FORM

Final Reading Address: _____

Rental Property: Yes ___ No ___

Account Number: _____

Name (current Owner/ Landlord): _____

Phone Number: _____

Email: _____

Forwarding Address for Final bill: _____

Fax Number for Final Bill: _____

Reading Request date: _____ Closing Date: _____
(must be before closing date)

New Owner _____ New Tenant _____

New Owners Name: _____

Phone Number: _____

Email: _____