



Final Read Request

Location

Address: _____

Town: _____

Current Owner

Name: _____

Phone #: _____

New Owner

Name: _____

Phone #: _____

Details

Request date for meter reading: _____

Request date should be 3-5 days before closing

Closing date: _____

Attorney Name: _____

How would you like your bill sent: (please provide corresponding information)

Mail: _____

Fax #: _____

E-mail: _____