

# Final Read Request

## Location

Address: \_\_\_\_\_

Town: \_\_\_\_\_

## Current Owner

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## New Owner

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

New Owner Email: \_\_\_\_\_

## Details

Closing Date: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Attorney Email: \_\_\_\_\_

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

Mail: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_