4800 SOUTH SERVICE RD., BEAMSVILLE, ON L3J 1L3 905-563-2799

REQUEST FOR FINAL WATER METER READ

| OWNE | ER 🗌 |
|----------|--|
| TENA | NT |
| SERVI | ICE ADDRESS: |
| Phone | |
| Email: | |
| | |
| Signat | ure: Dated: |
| | |
| | |
| Closin | a/Movina Out Date |
| Closin | g/Moving Out Date , |
| | (Print Name) |
| I am a | the registered owner/ tenant of the property as listed above, or cting as the legal representative for the vendors of this property; hereby request a eading for the Water Meter at the above listed property on the date as listed above ordance with Council Policy F-2004-01. |
| l also r | request that the water bill be: |
| 0 | Sent to the service address; or |
| 0 | Forwarded to the following address: |
| 0 | Please Email Form for Pre Authorization Set-Up |
| • | r accounts are set up after final bill has been issued to previous owner, at of the month of closing.) |