

# City of Wayne Water Read Request

Today's Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Reason for Water Read: \_\_\_\_\_

## **For Final Water Reading, please fill out the information below**

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

Is the property vacant? \_\_\_\_\_

When did previous owner/renter vacate property? \_\_\_\_\_

Has there been any water usage since the property has been vacant? \_\_\_\_\_

New occupant information (if available)

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

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

City, State, Zip \_\_\_\_\_

Contact Name and Phone Number: \_\_\_\_\_

Move in date: \_\_\_\_\_

Will this be mailed to a title company? \_\_\_\_\_

If so, will there be escrow used? \_\_\_\_\_

*Chose method of Delivery below*

### **MAIL**

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

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

City, State, Zip \_\_\_\_\_

Contact Name and Phone Number: \_\_\_\_\_

### **EMAIL**

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

### **FAX**

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

Contact Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### **Pickup**

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

Contact Phone: \_\_\_\_\_

Date of pickup: \_\_\_\_\_

**PLEASE ALLOW 48 HOURS FOR PROCESSING OF FINAL WATER BILL**