

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