

1625 Mamaroneck Avenue, Mamaroneck, New York 10543

Telephone: 914-698-3500 Fax: 914-381-0349 Web Site: www.wjww.com

## REQUEST FOR FINAL READ FORM

Customer Account #:			Date of Request:		
Service Address (Please pro	ovide address that f	final reading i	s being requested	for)	-
Name of Current Owner:		Name of Cui	Name of Current Tenant (If applicable):		
Street Address:					
Municipality:	neck	amaroneck [	☐ Town of Harrison	☐ New Ro	ochelle
I acknlowledge this property has (choose all that ap ☐ Irrigation system ☐ Pool ☐ Fire Sprinkler system			I acknowledge this property has backflow one prevention devices? *: ☐ Yes ☐ No		
* Please note that any non-complia	nce with backflow p	prevention reg	ulations must be o	corrected b	y the property owner.
Closing Date:					day before closing date):
It is necessary for WJWW to access the v preference for the final read below and we accompany our serviceman while he is ins	e will try to accommodat				
☐ 7:45am-8:15am ☐	8:30am-9:00am	m-9:00am			□ 1:00pm - 3:00pm
Contact Information for F	Person Reques	sting Fina	I Read		
Name of person requesting final reading:			Relation to Owr	ner of Propert	ty:
			☐ Real Estate Agent ☐ Attorney		
Phone: Cell Phone:		Email:			
Where Would You Like th	ne Final Bill to	be Sent?			
Name of person to receive final bill:		Address:			
Phone:	Fax:	1	Email:		
New Owner Information	(Full name, one email an	nd one phone nur	nber are required befor	e Final Read is	s scheduled)
Name of Purchaser of Property:			<u> </u>		·
Address:		City:		State:	Zip:
Phone:	Cell Phone:		Email:		I
Signature (Application will no	ot be accepted withou	out a signatur	e)		
☐ Owner ☐ Tenant	Signature:				Date:
☐ Real Estate Agent ☐ Attorney					
In order to schedule a final reading, WJW additional fee of <b>\$100</b> will be added to th		` '	•	. , , .	epare the final bill. An
Note: For residential proper	ties, WJWW requi	res water se	rvice accounts b	e in name	of property owner
Please subr	nit complet by e-mail (:		•		-0349)