



WESTCHESTER JOINT
WATER WORKS

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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 provide address that final reading is being requested for)			
Name of Current Owner:		Name of Current Tenant (If applicable):	
Street Address:			
Municipality: <input type="checkbox"/> Village of Mamaroneck <input type="checkbox"/> Town of Mamaroneck <input type="checkbox"/> Town of Harrison <input type="checkbox"/> New Rochelle <input type="checkbox"/> Rye			
I acknowledge this property has (choose all that apply): <input type="checkbox"/> Irrigation system <input type="checkbox"/> Pool <input type="checkbox"/> Fire Sprinkler system <input type="checkbox"/> None		I acknowledge this property has backflow prevention devices? *: <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Please note that any non-compliance with backflow prevention regulations must be corrected by the property owner.			
Closing Date:	Final Read Date Requested	Is Account on Recurring Payments <input type="checkbox"/> Yes <input type="checkbox"/> No	
You will be notified if a timed appointment and access to the meter is needed. If Needed please choose one of the time frames below, otherwise access is NOT needed.			
<input type="checkbox"/> 7:45am-8:15am	<input type="checkbox"/> 8:30am-9:00am	<input type="checkbox"/> 9:00am - 12:00pm	<input type="checkbox"/> 1:00pm - 3:00pm
Contact Information for Person Requesting Final Read			
Name of person requesting final reading:		Relation to Owner of Property: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Attorney	
Phone:	Cell Phone:	Email:	
Where Would You Like the Final Bill to be Sent?			
Name of person to receive final bill:		Address:	
Phone:	Fax:	Email:	
New Owner Information (Full name, one email and one phone number are required before Final Read is scheduled)			
Name of Purchaser of Property:			
Address:		City:	State: Zip:
Phone:	Cell Phone:	Email:	
Signature (Application will not be accepted without a signature)			
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Attorney	Signature:		Date:
In order to schedule a final reading, WJWW needs at least three (3) full business days notice and one (1) day to prepare the final bill. An additional fee of \$100 will be added to the final bill if WJWW does not have the required advance notice.			
Note: For residential properties, WJWW requires water service accounts be in name of property owner			
Please submit completed form by fax (914-381-0349) or by e-mail (service@wjww.com)			