

Homeowner Final Water Bill Request Form

Date of Request: _____

Section A: To be completed by homeowner

Account Number: _____

Date of FINAL READ: _____

Will this be a final meter reading for a Final Water Bill or will this be a Final Water Bill and complete water meter deactivation?
Please note that if service is terminated, a \$75.00 fee will be charged to restore service.

Just a read, please ____ **Please turn my water completely off** ____

Service Address: _____

Mailing Address: _____

Alternate/New Mailing Address: _____

Home Phone Number: _____

Alternate/New Phone: _____

Name of Person Requesting Bill: _____

(Printed)

Name of Person Requesting Bill: _____

(Signature)

Section B: To be completed by Town of Gaines Water Department

Meter Identification Number: _____

MXU: _____

Previous Read: _____

Final (Current) Read: _____

Is water service turned off?

Yes

No