

# Landlord Final Water Bill Request Form

Date of Request: \_\_\_\_\_

**Section A: To be completed by Landlord**

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: \_\_\_\_\_

Tenant Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Owner Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tenant Phone Number: \_\_\_\_\_

Alternate/New Phone: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

Owner Alternate Phone: \_\_\_\_\_

Name of Person Requesting Bill: \_\_\_\_\_  
(Landlord – Printed)

Name of Person Requesting Bill: \_\_\_\_\_  
(Landlord 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**