

### Tenant Final Water Bill Request Form

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

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

Account Number: \_\_\_\_\_

Date of FINAL READ: \_\_\_\_\_

Service Address: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Mailing Address: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

Name of Person Requesting Bill: \_\_\_\_\_

(Tenant – Printed)

Name of Person Requesting Bill: \_\_\_\_\_

(Tenant Signature)

*Please note: The only person with the ability to request actual termination of service is the owner of the property. There is always a \$75.00 fee to restore water service.*

**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