

- Dual Check Only
- Drive By Read
- Both Dual Check and Read

TOWN OF ROYALTON – WATER/SEWER DEPARTMENT

FINAL READING – REQUEST FORM

Final Closing Date: _____ **Phone Contact:** _____
(for access to home)

Old Owner Name: _____

Residence of Service: _____

Address to send final Bill: _____

If Attorney: Name _____ **Phone No.** _____ **Fax No.** _____

New Owner Name: _____ **Phone** _____

Current billing address: _____
(if moving in immediately this is not necessary)

ACCOUNT NO: _____ **Dual Check Valve:** ___ Yes ___ No

Date owner notified of check valve: _____

Date check valve inspected: _____

Inside Meter reading: _____ gal.

Outside Meter reading: _____ gal.

Meter Serial # _____ **Transmitter #** _____

Description of Repairs or notes:

Inspected and Read By: _____ **Date:** _____

Follow Up Inspections: _____

Faxed to Water Department: _____ **BY:** _____