

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