



4800 SOUTH SERVICE RD.,
BEAMSVILLE, ON L3J 1L3
905-536-2799 ext. 222
finance@lincoln.ca

FINAL METER READ REQUEST FORM

(Please Select)

OWNER

TENANT

SERVICE ADDRESS: _____

Phone: _____

Email: _____

(Please Circle)

Closing Date OR Moving Out Date: _____

I *(Print Name)* _____, the registered *(Please circle)* **OWNER / TENANT** of the property as listed above, or I am acting as the legal representative for the vendors of this property; hereby request a final reading for the Water Meter at the above listed property on the date as listed above in accordance with *Council Policy F-2004-01*.

I also request that the water bill be:

- Sent to the service address
- Forwarded to the following address: _____

Final Bill will be issued at the beginning of the month following closing or moving out date.

Signature: _____

Date: _____

Please Submit Completed Form to finance@lincoln.ca