



4800 South Service Road  
Beamsville, ON LOR 1B1  
TEL (905) 563-8205 FAX  
(905) 563-6566

## REQUEST FOR FINAL READING OF WATER METER

Name of Owner/Tenant: \_\_\_\_\_

A/c # \_\_\_\_\_

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

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

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**Closing/Moving Date** , \_\_\_\_\_

I \_\_\_\_\_, the registered owner of the property as listed above, or I am acting as  
Print Name  
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 final bill be:

- Sent to the current address; or
- Forwarded to the following address:** \_\_\_\_\_
- Cancellation of PAP Plan Holder Signature: \_\_\_\_\_

(will be cancelled after final bill has been paid)

Date: \_\_\_\_\_