

EAST LYME WATER/SEWER FINAL READS

ACCT NO.: _____
DATE: _____

REALTOR: _____
PHONE #: _____
APPT. MADE BY: _____

NAME: _____

SERVICE ADDRESS: _____

DATE OF APPT: _____ TIME: _____

DESCRIPTION OF APPOINTMENT: FINAL READ REPLACE METER

FINAL READING: WILL MEET YOU: YES ___ NO ___

READING: _____ LOCK BOX #: _____

O/R READING: _____ CLOSING DATE: _____

SELLER'S INFORMATION:
FORWARDING ADDRESS:

ATTORNEY: _____
PARALEGAL: _____
PHONE#: _____
FAX#: _____
EMAIL: _____

BUYER'S INFORMATION:
NAME: _____

ATTORNEY: _____
PARALEGAL: _____
PHONE#: _____
FAX#: _____
EMAIL: _____

ADDRESS (IF DIFFERENT)

METER DEPOSIT:
MCSJ _____
MSL _____

ACCOUNT INFORMATION:
WATER SEWER
METER ID: _____
BOOK: _____ PAGE: _____
T/P LOCATION: _____
SERIAL #: _____
MXU#: _____
YEAR: _____

NEW METER INSTALLED:
NEW METER ID: _____
SERIAL #: _____
MXU#: _____
T/P LOCATION: _____

SEWER ASSESSMENT: YES _____ NO _____
PAYMENT IN FULL: _____ ASSUMING: _____

COMMENTS: _____