

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: ATTORNEY: _____
FORWARDING ADDRESS: PARALEGAL: _____

PHONE#: _____
FAX#: _____
EMAIL: _____

BUYER'S INFORMATION: ATTORNEY: _____
NAME: _____ PARALEGAL: _____

PHONE#: _____
FAX#: _____
ADDRESS (IF DIFFERENT) EMAIL: _____

METER DEPOSIT:
MCSJ _____
MSL _____

ACCOUNT INFORMATION: NEW METER INSTALLED:

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

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

PLEASE E-MAIL FINAL READ REQUESTS TO:
FINALBILL@ELTOWNHALL.COM