

# VILLAGE OF MAPLE PARK FINAL WATER READING REQUEST

Today's Date:			
Property Address:			
Send Final Bill to:	Name:		
	Address:	<input type="checkbox"/> email bill <input type="checkbox"/> paper bill	
Phone Number:			
Billing Account #:			
Date of Closing:			
Final Reading (office use only):			
New Owner/Tenant Name:			<input type="checkbox"/> New Owner <input type="checkbox"/> New Tenant
Billing Address:			<input type="checkbox"/> email bill <input type="checkbox"/> paper bill
New Owner/Tenant Phone:			

## NOTIFICATION SYSTEM SIGN UP

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

- Phone call: \_\_\_\_\_ phone number  
 Text message: \_\_\_\_\_ phone number  
 Email: \_\_\_\_\_ email address

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

- Phone call: \_\_\_\_\_ phone number  
 Text message: \_\_\_\_\_ phone number  
 Email: \_\_\_\_\_ email address