

**BEACON WATER DEPARTMENT
FINAL WATER BILL
REQUEST
FAX TO: (845) 838-5012**

DATE OF REQUEST: _____
(MUST BE 48 HOURS BEFORE CLOSING)

REQUESTED BY: _____ PHONE NO: _____

PROPERTY ADDRESS: _____
(IF MORE THAN ONE PROPERTY, A SEPRATE REQUEST IS REQUIRED FOR EACH)

CLOSING DATE: _____ TIME: _____ AM/PM

SELLERS NAME: _____ PHONE NO: _____

SELLERS ATTY: _____ PHONE NO: _____

FAX FINAL BILL TO: _____

BUYER(S) NAME(S): _____

BUYER(S) ATTY: _____ PHONE NO: _____

BUYERS ADDRESS: _____
(IF NOT RESIDING ON PROPERTY)

----FOR OFFICE USE ONLY-----

ACCT # _____ MXU # _____

DATE READ _____

PRESENT READ: _____

PRIOR READ: _____

SIDEWALKS PAYMENTS DUE: _____

**GARBAGE CAN WILL BE REMOVED FROM THE PROPERTY AT THE TIME OF
METER READING AND ONE WILL BE ISSUED TO THE NEW OWNERS AFTER
THE CLOSING. FAILURE TO COMPLY WILL RESULT IN A HOLD OF YOUR
FINAL WATER BILL.**