

CREATED BY: _____

CHECKED BY: _____

TOWNSHIP OF MOUNT OLIVE
FINAL WATER READING REQUEST

ACCT #: _____ REQUESTED READ DATE: _____

OWNER: _____ TIME: _____

ADDRESS: _____

CLOSING DATE: _____ PHONE: _____

CONTACT NAME: _____

BUYER'S ATTORNEY _____

TEL #: _____ FAX #: _____ EMAIL: _____

NEW BUYER: _____ TEL #: _____

NEW BUYER MAILING ADDRESS (IF DIFFERENT THAN PROPERTY LOCATION:

NEW BUYER EMAIL: _____

FOR OFFICIAL USE ONLY:

W&S DEPT- PLEASE CALL IN READ TO THE TAX OFFICE

FINAL READ: _____

NEW ACCOUNT ACTIVATION DATE: _____

METER TYPE #: _____ LAST READ: _____

OLD METER NO: _____ READING: _____

NEW METER NO: _____ READING: _____

WATER CYCLE: _____ SERVICE PERIOD: _____

WATER BOOK: _____ BILLING PERIOD: _____

DAYS TO PRORATE: _____ # DAYS IN PERIOD: _____

LAST BILLED: _____ PAID: Y: OR N:

SEWER CYCLE: _____ LAST BILLED: _____

SERVICE PERIOD: _____ PAID: Y: OR N:

Please fill out the top portion and fax to 973-691-9257 or email to finalwater@mtolivetwp.org

If you have any questions, you may contact us at 973-691-0900.

NOTES: _____
