

# METER READING REQUEST

WATER DISTRICT NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

Property Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Send Final Bill To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

METER READING ON: \_\_\_\_\_

Requested by: \_\_\_\_\_

{print name}

Comments:

<i>OFFICE USE ONLY</i>	
Clerk _____	Date _____

Mail completed form to:  
Town of Clarendon  
PO Box 145  
Clarendon, NY 14429

Deliver completed form to:  
Clarendon Town Clerk's Office  
16385 Church Street  
Clarendon, NY 14429