

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}

FOR TOWN USE ONLY

Meter Reading – completed by: _____ Date: _____

Final Meter Reading: _____

Meter ID# _____

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