

TOWN OF RANDOLPH

Attn: Water Department

WATER METER CLOSING READING REQUEST

Date Request Made: _____

Date of Closing: _____

Date Reading Requested for: _____

Name of Current Property Owner: _____

Complete Address of Property: _____

New Owner's Name: _____

New Owner's Billing Address for Utility Bills: _____

New Owner's Phone / Email Info: _____

Person Requesting Information: _____

Relationship to Seller: _____

Phone / Fax / Email : _____

FOR INTERNAL USE ONLY / PLEASE DO NOT WRITE BELOW

Utility Acct #: _____

Date of Reading: _____

Reading #: _____

Update Owner Information: _____

Entered Charges: _____