



FINAL READ REQUEST

Please Submit Via:

Fax: 708-354-9445

Drop Off: 803 W Joliet Rd

This Application Must Be Received Five Days Prior To Closing.

1) Property Information

Purpose of Request:

Closing Date:

☐ Sale Property

☐ Rental (New Tenant)

Service Address:

Account Number:

Property Type:

Property ID #:

- ☐ Single Family Home ☐ New Construction ☐ Multi-Family (Association Billed) ☐ Vacant ☐ Foreclosure
☐ Apt Bldg (____Units) ☐ School Church ☐ Commercial/ Industrial (____Units) ☐ Other: _____

2) Seller Information

Current Owner Name:

Forwarding Address:

Phone Number:

City / State / Zip:

3) Buyer Information

Name:

Owner Email Address:

Address to Forward Future Invoices

C / O Name:

Address:

City / State / Zip:

Phone Number:

4) Requestor (Seller / Attorney / Agent):

Name & Company:

Phone Number:

Email Address

5) Acknowledgement

Print Name

Signature - (circle One)

Seller / Attorney / Agent

Date

ACKNOWLEDGEMENT: Applicant, as named below, requests that the Countryside IL update its billing records to reflect the pending transfer of the premises that is the subject of this Application. Applicant acknowledges that the amount due is based on the balance due on the water (sewer if applicable) account for the premises. Applicant certifies that the statements set forth in this document are true and correct.

OFFICE USE ONLY

Service:

Water /Sewer / Both

Sewer:

SLTSD / LG HLND / SEPTIC

Date of Final Read

Direct Deposit Y / N

Deposit Y / N

Deposit Amount

\$

Amount Due

\$