



FINAL READ REQUEST

This Application Must Be Received Four 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

Address: _____ **C / O Name:** _____

City / State / Zip: _____ **C/O Phone Number:** _____

4) Requestor (Seller / Attorney / Real Estate 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	_____				
Previous Reading	_____	Service Date	_____	Usage	_____
Current Reading	_____	Usage	_____	Cost	_____
Direct Deposit Y / N	Deposit Y / N	Deposit Amount	\$ _____	Amount Due	\$ _____
Refund Y/N	Refund Amount	\$	_____	Less Deposit	\$ _____