



Send fully completed form to:
building@countryside-il.org and
hwilliams@countryside-il.org

FINAL READ REQUEST FORM

1) Property Information

Purpose of Request

Sale Property

Rental (New Tenant)

Closing Date

Service Address

, Countryside

Account #

Property Type



Please Select Below

Single Family Home

New Construction

Vacant

Foreclosure

Apt Bldg. # of Units ____

School Church

Commercial/ Industrial (Units)

Other:

2) Seller Information

Owner / Seller

Forwarding Address

City / State / Zip

Phone Number

Email

3) Buyer Information

Name on Acct

Billing Address

City / State / Zip

Phone Number

Email

4) Requestor (Owner / Attorney / Agent)

Name & Company

Address

Phone # & Email

5) Acknowledgement

Print Name

Signature -

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.