BEACON WATER DEPARTMENT FINAL WATER BILL REQUEST FAX TO: (845) 838-5012

DATE OF REQUEST:	E 48 HOURS BEFORE CLOSING)	
REQUESTED BY: PROPERTY ADDRESS: (IF MORE THAN ONE ACCOUNT EXISTS, A SEPARA	Phone No	
PARCEL NUMBER:		
CLOSING DATE:	TIME:	AM/PM
SELLERS NAME:	PHONE NO:	
SELLERS ATTY:		
FAX FINAL BILL T		
BUYER(S) NAME(S):		
BUYER(S) ATTY:	PHONE NO:	
BUYERS ADDRESS:		
(IF NOT RESIDING		
FC	OR OFFICE USE ONLY	
ACCT#	MXU#	_
DATE READ		
	SENT READ: OR READ:	
SIDEWALKS PAYMENTS DU	E:	
GARBAGE CAN WILL BE REMOVE		

GARBAGE CAN WILL BE REMOVED FROM THE PROPERTY AT THE TIME OF METER READING AND ONE WILL BE ISSUED TO THE NEW OWNERS AFTER THE CLOSING. FAILURE TO COMPLY WILL RESULT IN A HOLD OF YOUR FINAL WATER BILL.