

**TOWNSHIP OF WINSLOW
DEPARTMENT OF MUNICIPAL UTILITIES
FINAL READ REQUEST**

FAX: 609-567-9341

TELEPHONE: 609-567-0700 ext. 6003

SECTION #1 (TO BE COMPLETED BY TITLE COMPANY)

PLEASE PRINT CLEARLY! THE FAX NUMBER THAT YOU PLACE ON THIS FORM WILL BE THE FAX NUMBER THAT THIS REQUEST WILL BE FAXED TO. **PLEASE ALLOW AT LEAST 3 TO 4 BUSINESS DAYS FOR ALL REQUESTS.** IF A FINAL IS REQUESTED THE DAY BEFORE OR THE DAY OF SETTLEMENT A FINAL IS NOT GUARANTEED.

TITLE COMPANY: _____ DATE OF REQUEST: _____ / _____ /20____
TELEPHONE (_____) _____
ADDRESS: _____ FAX (_____) _____
YOUR FILE NUMBER: _____
REQUESTED BY: _____ SETTLEMENT DATE: _____
LOCATION: _____ SELLER'S NAME: _____
BLOCK: _____ LOT: _____ ACCOUNT NO. _____
 NEW CONSTRUCTION YES / NO

**SECTION #2
TO BE COMPLETED BY DEPARTMENT
OF MUNICIPAL UTILITIES**

METER ID (EXPECTED) _____ REMOTE LOCATION: R - _____
METER ID (CAPTURED) _____
DATE READ COMPLETED: ____ / ____ /20____ BY _____ CURRENT READ _____
DATE OF PREVIOUS READ: ____ / ____ /20____ PRIOR READ _____ estimate/actual

*******Please note: *******

**A \$25.00 READING FEE IS ALREADY INCLUDED.
ALL BALANCES ARE PRORATED THROUGH THE
SETTLEMENT DATE PROVIDED ABOVE.**

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT
WINSLOW TOWNSHIP UTILITY DEPARTMENT BETWEEN
8:30 - 4:30 P.M. @ 609-567-0700 EXT. 6003**