



Final Meter Read Request Business

PROPERTY INFORMATION:

Street Number: _____ Street Name: _____

Request Received Date: ____/____/____

End Date: ____/____/____ Ending Meter Read: _____ ITRON #: _____

APPLICANT INFORMATION: Business Name: _____

Owner: _____

Property Owners Name: _____

Telephone Number: ____/____/____ Email Address: _____

Renter: _____

Property Owners Name: _____

Does Owner Require a FINAL Bill sent to Owner? Yes: _____ No: _____

FORWARDING ADDRESS:

Street Number: _____ Street Name: _____ City: _____

State: _____ Zip Code: _____ Telephone No: _____

Owner's Note: Regardless of where the service billing is sent, the PROPERTY OWNER is responsible for payment for services provided. This responsibility cannot be delegated to others.

Renter's Name: _____

FORWARDING ADDRESS:

Street Number: _____ Street Name: _____ City: _____

State: _____ Zip Code: _____

Telephone Number: ____/____/____ Email Address: _____

Owner Signature: _____

Renter Signature: _____

Fiscal Officer Signature: _____