

**SEEKONK WATER DISTRICT**

50 Water Lane, P.O. Box 97  
Seekonk, MA 02771

**Request Form for Final Water Bills.** (please print)                      Is this property vacant? YES                      NO

Property Address being sold: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Seller's Attorney/Realtor Name: \_\_\_\_\_ Date of Closing: \_\_\_\_\_

Seller's Attorney/Realtor Phone Number: \_\_\_\_\_

New Buyer Name(s): \_\_\_\_\_

New Buyer Phone(s): \_\_\_\_\_

**This final request will not be processed without a phone number for the new owner(s).**

New Buyer's Billing Address (Only if new owner will not be residing at property):

\_\_\_\_\_

**Once the final request has been received - our office will call to schedule an appointment for access into the property to take the final reading.**

Seller's Attorney/Realtor Fax Number: \_\_\_\_\_ OR

Seller's Attorney/Realtor Email : \_\_\_\_\_

**NOTE: A \$35.00 Closing Fee will be included in the final bill for this service.**

**INSTRUCTIONS: REQUEST MUST BE SUBMITTED FIVE (5) WORKINGS DAYS PRIOR TO CLOSING.**

Please fill out all requested information and send to our office via:

FAX (508) 761-9928 OR

Email to [eleblanc@seekonkwaterdistrict.com](mailto:eleblanc@seekonkwaterdistrict.com) OR [juliesilva@seekonkwaterdistrict.com](mailto:juliesilva@seekonkwaterdistrict.com)

If you have any questions, please call (508) 761-8170.

**If your final is cancelled or rescheduled, please notify us.**

Make Checks Payable to:

**Seekonk Water District  
50 Water Lane, PO Box 97  
Seekonk, MA 02771**

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**FOR OFFICE USE ONLY**

Account No: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Reading Appointment Date and Time: \_\_\_\_\_

Meter #: \_\_\_\_\_

Radio ID \_\_\_\_\_

Instructions: Final AMR Read