



Department of Public Works
 City of Leominster, Massachusetts 01453
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FINAL WATER / SEWER BILL REQUEST FORM

(LEOMINSTER FINAL WATER METER READING FOR CLOSING – PRINTABLE VERSION)

*PLEASE READ THE WATER METER(S) ONLY 2 – 3 BUSINESS DAYS BEFORE THE CLOSING
 THEN FILL IN **ALL INFORMATION** AND EMAIL TO: cmorin@dpw.leominster-ma.gov*

YOUR NAME: _____

YOUR EMAIL: _____ YOUR PHONE #: _____
*(YOU SHOULD RECEIVE THE FINAL BILL, AT THIS EMAIL ADDRESS, SAME OR NEXT BUSINESS DAY SO YOU
 MAY SHARE WITH ALL PARTIES INVOLVED)*

PROPERTY ADDRESS: _____

CLOSING DATE: _____

SELLER'S NAME(S): _____

BUYER'S NAME: *FIRST:* _____ *MID:* _____ *LAST:* _____

BUYER'S NAME: *FIRST:* _____ *MID:* _____ *LAST:* _____

OR ENTITY WITH CONTACT PERSON: _____

BUYER'S PERSONAL EMAIL: _____ & PHONE #: _____

**IF THIS PROPERTY WILL NOT BE OWNER OCCUPIED, PLEASE SUPPLY THE BILLING ADDRESS
 OF THE NEW OWNER(S):** _____

*(ONCE THE FINAL BILL IS COMPLETE, THE WATER/SEWER ACCOUNT WILL BE TRANSFERRED TO THE
 NAME(S) AND CONTACT INFO. SUPPLIED ABOVE. NO FURTHER NEED FOR THE BUYER TO CONTACT US)*

WATER METER READING (**PLEASE SUPPLY ALL DIGITS, INCLUDING ZEROS**): _____
*(PLEASE ATTACH A CLEAR PHOTO OF THE WATER METER IF POSSIBLE. IF ANY DIGIT IS BLOCKED BY THE
 RED NEEDLE, RUNNING WATER WITHIN THE PROPERTY WILL FORCE IT TO MOVE)*

SECOND METER (LAWN SERVICE) READING, IF ANY: _____