

**City of Durand  
Request for Final Reading**

*Email to: amorgan@durandwi.gov*

**Requested Reading Date:** \_\_\_\_\_

**Closing Date:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

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

**Name of New Owner:** \_\_\_\_\_

**Name of Requestor:** \_\_\_\_\_

**Phone or Fax No:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Requestor**

**\*\* Final Reading should be requested a minimum of 3 business days prior to closing.**

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*Office use*

**Date Meter Read:** \_\_\_\_\_ **Account #** 000- \_\_\_\_\_

**Meter Reading:** \_\_\_\_\_ **Date Water On:** \_\_\_\_\_

**Consumption:** \_\_\_\_\_ **Date Water Off:** \_\_\_\_\_

**Old Account forwarding address:** \_\_\_\_\_  
\_\_\_\_\_