



**VILLAGE OF SOUTH CHICAGO HEIGHTS
WATER BILLING DEPARTMENT**

REQUEST FINAL WATER BILL

WATER SERVICE WILL BE DISCONNECTED THE DAY REQUEST IS SUBMITTED.

DATE: _____ IF SELLING: CLOSING DATE _____

IS THIS PROPERTY VACANT? ____ YES IF NOT, WHEN WILL THIS PROPERTY BE VACANT? _____

NAME OF REQUESTOR: _____ PHONE # _____

WHO IS REQUESTOR? ____ OWNER ____ TENANT ____ AGENT ____ ATTORNEY

OTHER? _____

REASON FOR REQUEST: ____ SELLING ____ MOVING ____ FORECLOSURE

IF SELLING, BUYER'S NAME: _____

ANY SPECIAL INSTRUCTIONS REQUESTED? _____

BELOW FOR OFFICE USE ONLY:

WATER ACCOUNT NO. _____

NAME ON WATER ACCOUNT: _____

WATER SERVICE ADDRESS: _____ APT# _____

FORWARDING ADDRESS:

OWNER/TENANT: _____
BUSINESS NAME IF COMMERCIAL PROPERTY

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NO: _____

COMPLETED BY: _____

DEPOSIT AMOUNT \$ _____

METER READING: _____ DATE OF READ: _____