

FINAL WATER READ REQUEST

PLEASE EMAIL COMPLETED FORM TO: FRAN.WELSH@RENSELAERNY.GOV

CLOSING DATE: _____

PROPERTY ADDRESS: _____

BUYERS NAME: _____

PHONE: _____

EMAIL: _____

ADDRESS (If not residing at purchased property):

ST: _____

CITY: _____ ST _____ ZIP _____

ATTORNEY NAME: _____

PHONE: _____

EMAIL: _____