



FINAL READ REQUEST

Please Submit Via:

Fax: 708-354-9445
Drop Off: 803 W Joliet Rd

Click to Print Click to Save
 Click to Email & Submit

Questions or Concerns: hwilliams@countryside-il.org

This Application Must Be Received Five Days Prior To Closing.

1) Property Information

Purpose of Request:

Sale Property Rental (New Tenant)

Closing Date: _____

Service Address: _____

Account Number: _____

Property Type:

Property ID #: _____

Single Family Home New Construction Multi-Family (Association Billed) Vacant Foreclosure
 Apt Bldg (____Units) School Church Commercial/ Industrial (____Units) Other: _____

2) Seller Information

Current Owner Name: _____

Forwarding Address: _____

Phone Number: _____

City / State / Zip: _____

3) Buyer Information

Name: _____

Owner Email Address: _____

Address to Forward Future Invoices

C / O Name: _____

Address: _____

City / State / Zip: _____

Phone Number: _____

4) Requestor (Seller / Attorney / Agent):

Name & Company: _____

Phone Number: _____

Email Address _____

5) Acknowledgement

Print Name

Signature - (circle One) Seller / Attorney / Agent

Date

ACKNOWLEDGEMENT: Applicant, as named below, requests that the Countryside IL update its billing records to reflect the pending transfer of the premises that is the subject of this Application. Applicant acknowledges that the amount due is based on the balance due on the water (sewer if applicable) account for the premises. Applicant certifies that the statements set forth in this document are true and correct.

OFFICE USE ONLY			Service: Water /Sewer / Both	Sewer: SLTSD / LG HLND / SEPTIC
<u>Date of Final Read</u> _____				
<u>Direct Deposit</u> Y / N	<u>Deposit</u> Y / N	<u>Deposit Amount</u> \$	<u>Amount Due</u> \$	