



PHONE: 630-896-1357

Email: waterbilling@ci.montgomery.il.us

RENTAL FINAL READ REQUEST

REQUIRE 2 BUSINESS DAYS NOTICE PRIOR TO MOVING IN/OUT

EMAIL REQUEST TO: waterbilling@ci.montgomery.il.us

Today's Date: _____

Montgomery Service Address _____

First & Last Name of person requesting final read _____

Phone number _____

OWNER

RENTER

Email: _____

PLEASE COMPLETE A SEPARATE REQUEST FOR EACH TRANSFER

Renter(s)

In

Out

Date Rental Agreement Begins/Ends: _____

Renter(s) Name

Phone Number

Renter Forwarding Address (If moving out)

City, State Zip Code

Owner(s) Name

Phone Number

Owner(s) Billing Address

City, State, Zip Code

Comments: _____

VILLAGE OF MONTGOMERY USE ONLY

Work Order Date: _____

Read: _____

Account Number: _____

Completed by: _____

Comments: _____
