

# Town of New Windsor, MD

Neal C. Roop, Mayor  
211 High Street P. O. Box 609  
Phone 410-635-6575 \* Fax 410-635-2995  
Email: info@NewWindsorMd.org

## Request for Water Reading

Void fifteen (15) business days from reading date

### INSTRUCTIONS:

1. Print or type the information requested in all sections of this form.
2. Write in the spaces provided the exact **Property number, description & date.**
3. This office will not be responsible for errors due to improper or incomplete description or property numbers.
4. Please allow a minimum of **three (3) business days** for a water reading.
5. Please notify the Town Office immediately if there are changes in the anticipated settlement date.  
**A second request form will have to be filled out for changes.**

Water Account Number

Property Number/address

**Current Owner**

Name \_\_\_\_\_

Address \_\_\_\_\_

**New Owner**

Name \_\_\_\_\_

Address \_\_\_\_\_

**PERSON REQUESTING READING:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Not a Town Service Area \_\_\_\_\_

Anticipated Settlement Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date \_\_\_\_\_

Return Fax # \_\_\_\_\_

Phone # \_\_\_\_\_

Signature \_\_\_\_\_

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Last Reading: \_\_\_\_\_

Date \_\_\_\_\_

New Reading \_\_\_\_\_

Date \_\_\_\_\_

Meter Number \_\_\_\_\_

**Amount Due:** \_\_\_\_\_