



Clearbrook Waterworks District

Final Water Meter Reading Request

Please e-mail the completed form to office@clearbrookwaterworks.com or fax to 604-850-7862

Property Information

CWD Account number: ____ - ____ - ____ PID: _____

Property Address: _____	*
Name of Vendor: _____	*
Name of Purchaser: _____	*
Purchaser's contact number: _____	*
Purchaser's mailing address if different from property address : _____	*
Adjustment Date: _____	*
Completion Date: _____	*

**All Fields Mandatory*

Requestor Information

Date of Request : _____	*	File No: _____	*	Contact Name: _____
Vendor's Law Firm / Notary: _____	*	Fax: _____	*	
Email: _____	*	Tel: _____	*	
Purchaser's Law Firm/Notary : _____	*	Tel: _____		
Email: _____	*	Fax: _____		

<i>CWD Office Use:</i>	<i>Change of Ownership Fee</i>	<i>\$ 135</i>	<i>Lawyer to collect Fee: Yes ___ No ___ Paid <input type="checkbox"/> Date _____</i>
PID _____	Receipt# _____	Invoice # _____	Chq# _____ \$ _____
New Client UB # 000- _____ - _____	Work Order # _____	Meter reading _____	IG, M ³ as of _____ / _____
Past Due UB \$ _____	Final UB \$ _____	Date Paid: _____	