



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: _____ | |