



KINGSTON WATER DEPARTMENT FINAL READ REQUEST FORM

PROPERTY OWNER'S NAME: _____

PROPERTY LOCATION: _____

CUSTOMER ACCOUNT NUMBER (if known) _____

SBL: _____

CLOSING DATE: _____

FAX NUMBER: _____

TELEPHONE #: _____

AGENCY REQUESTING FINAL: _____

CONTACT NAME: _____

Finals to be done Monday through Friday excluding holidays.

Please send requests with at least 48 hours notice.

Finals to be done the day before actual closing date (if possible)

If closings are on Mondays, indicate the day you prefer the final to be done:

MONDAY

FRIDAY

PO BOX 1537, Kingston, NY 12401
(845)331-0175.. (845)340-9209 Fax
water@kingston-ny.gov