

**CITY OF CAÑON CITY
FINAL REQUEST FORM**

SELLER INFORMATION:

TITLE COMPANY FILE #:

DATE FAXED _____ FROM _____

TO BE READ _____ ACCOUNT # _____

LOCATION # _____

SERVICE ADDRESS _____

NEW OWNER _____

BILLING ADDRESS _____
(IF DIFFERENT THAN SERVICE ADDRESS)

CITY, STATE & ZIP CODE _____

PHONE # (HM) _____ WORK # _____

TITLE COMPANY INFORMATION	
*** BALANCE ON ACCT _____	DUE THRU PAID THRU _____
MINIMUM OWED _____	DUE THRU WATER _____
OVERAGE DUE _____	PRORATION _____
STORM WATER _____	STORM WATER PRORATION _____
A \$15.00 FEE IS CHARGED FOR ALL FINALS	
GRAND TOTAL \$ _____	

*****IF THERE IS A BALANCE DUE ON THE ACCOUNT, A \$5.00 LATE FEE or 1.5%, (WHICH EVER IS GREATER), WILL BE ADDED IF PAYMENT IS NOT RECEIVED BY THE 5TH!*****

** WATER DEPARTMENT USE ONLY-WATER USAGE **			
CURRENT READ _____	RES / COM _____	IN / OUT _____	
PREVIOUS READ _____	# OF UNITS _____	_____	
USAGE _____	SIZE METER _____	_____	
MIN GAL USED _____	CYCLE _____	1	2 3 4
OVERAGE RATE 1 _____	_____		
OVERAGE RATE 2 _____	_____		
ZONE CHARGE AMOUNT _____	_____		
TOTAL OVERAGES DUE _____			

** WATER DEPARTMENT USE ONLY-STORM WATER **	
SQUARE FEET _____	_____
RATE _____	_____
TOTAL STORM WATER DUE _____	

FAX RETURNED _____ FROM _____

