

**SEEKONK WATER DISTRICT**

50 Water Lane, P.O. Box 97  
Seekonk, MA 02771

**Request Form for Final Water Bills.** (please print)  
**MUST BE COMPLETED BY AN ATTORNEY OR REALTOR**

Property Address: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Attorney OR Realtor Name: \_\_\_\_\_ Date of Closing: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Property Vacant: YES NO

Fax No: \_\_\_\_\_ or Email: \_\_\_\_\_

Buyers Name(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Billing Address (If not residing at property)  
\_\_\_\_\_

**NOTE: A \$35.00 Closing Fee will be Billed to the Account for this Service.**

**INSTRUCTIONS: REQUEST MUST BE SUBMITTED FIVE (5) WORKINGS DAYS PRIOR TO CLOSING.**  
Please fill out the top portion only of this form and FAX (508) 761-9928 or email to  
[eleblanc@seekonkwaterdistrict.com](mailto:eleblanc@seekonkwaterdistrict.com) OR [juliesilva@seekonkwaterdistrict.com](mailto:juliesilva@seekonkwaterdistrict.com)

We will confirm receipt of final request and forward final bill via FAX/Email back to you. Any questions, please call (508) 761-8170.

Make Payable to: Seekonk Water District  
50 Water Lane, PO Box 97  
Seekonk, MA 02771

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**FOR OFFICE USE ONLY**

Account No: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Meter #: \_\_\_\_\_

Radio ID \_\_\_\_\_

Instructions: Final AMR Read \_\_\_\_\_