



**BLOOMFIELD TOWNSHIP
DEPARTMENT OF PUBLIC WORKS
WATER & SEWER DIVISION**



REQUEST FOR FINAL WATER/SEWER BILL

Account Number: ____ - ____ - ____

Date Requested for Final Meter Read: _____

Property Address: _____

Inside Meter Reading: _ _ _ _ _

Irrigation Meter Reading (if applicable): _ _ _ _ _

Name & Phone Number of Person Reading Meter:

Where to send Final Bill (e.g. name, address, fax number, email):

New Owner Name, Mailing Address & Phone Number*:

****Change of Ownership/Address Requires Written Notification***

24 HOUR NOTICE REQUIRED FOR FINAL BILL REQUEST

AUTOMATIC WITHDRAWAL (IF APPLICABLE) IS CANCELLED WHEN FINAL IS PROCESSED

Please email request to water_dept@bloomfieldtp.org

Bloomfield Township
Attn: DPW
4200 Telegraph Road
Bloomfield Hills, MI 48302

Questions? Please call 248-594-2800

OFFICE USE ONLY

DATE RECEIVED: _____

INITIALS: _____