



FINAL READING REQUEST FORM



Please complete this form and return to us at least three business days prior to vacating.

SUPPLY ADDRESS DETAILS		
Building/Site Name (if known):		
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Retail
Account number:		
Unit/Villa/Shop number:	Lot number:	
Building Address:		
Suburb	State	Post Code

MOVE OUT/FINAL DETAILS	
Move Out/ Final Date:	
Forwarding Address:	
Suburb	Post Code
Contact number:	Contact Email:
Forward Final Account to:	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Email and Mail
<i>Only complete if address is different to Forwarding address:</i>	
Street Address:	
Suburb	State Post Code

Disclaimer: By signing the below form and submitting this document to METER2CASH Solutions you acknowledge that the information of which you have provided is true and correct.

Printed Name _____

Signature _____

Date ___/___/___