

Town of Farmington

Department of Public Works

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FINAL WATER READ

DATE SUBMITTED:	TYPE: FINAL WATER
DATE NEEDED BY:	
DATE COMPLETED:	BY: JASON
NAME:	
ADDRESS:	
ACCOUNT:	MAP/LOT
PERSON REQUESTING:	
FAX:	PHONE #:
FINAL METER READING:	
COMMENTS:	
CLOSING:	
E-MAIL:	