

Town of West Warwick
Sewer Billing Department
PO Box 498
West Warwick RI 02893
(401) 320-1045

Additional Meter Reading
(For outside water usage only)

Parcel ID/Account # _____

Name _____

Location _____

Date of Reading _____

Actual Reading _____ gallons/cubic feet (circle one)

Signature _____

Phone # _____

This is a request from the West Warwick Sewer Billing Department for an actual reading of your meter for outside water consumption. Please return this completed form to the Sewer Billing Department no later than February 15, 2010.

*****Forms or meter readings received after February 15, 2009, will not be accepted and no adjustments will be made to the 2010 Sewer Use Bill.*****

~ ALL FORMS MUST BE SIGNED ~