CITY OF TANEYTOWN

FINAL READING REQUEST FORM

TITLE COMPANY NAME: ____________________________________________

ADDRESS OF TITLE COMPANY: ____________________________________

PHONE NUMBER: _______________________________________________

FAX NUMBER: __________________________________________________

CONTACT NAME: _________________________________________________

EMAIL: _________________________________________________________

PROPERTY ADDRESS: _____________________________________________

CHECK ALL APPLICABLE: (SECTION MUST BE COMPLETED)

____ SINGLE FAMILY HOME          ____ DUPLEX/CONDO/TOWNHOUSE (INDIVIDUALLY BILLED)
____ FORECLOSURE                  ____ DUPLEX/CONDO/TOWNHOUSE (CONSOLIDATED BILLING)
____ NEW CONSTRUCTION             ____ COMMERCIAL
____ APARTMENT BUILDING (_____ UNITS)    ____ INDUSTRIAL

DATE OF SETTLEMENT: ____________________________________________

PREVIOUS OWNER(S) NAME: _________________________________________

NEW OWNER(S) NAME: _____________________________________________

BILLING ADDRESS IF NOT RESIDENCE: ________________________________