



62 W. Plaza Dr  
 Highlands Ranch, CO 80129  
 Office# 303-791-0361 Fax# 303-791-3290

**TRANSFER OF WATER SERVICE REQUEST**

**Service Address:** \_\_\_\_\_ **Final Date:** \_\_\_\_\_  
*\*Transfer Fee of \$25.00 will be charged on final bill. \*Includes Storm/Water/Wastewater Services*

**\*PLEASE PROVIDE YOUR FAX NUMBER TO RECEIVE STATUS BACK\***

**Requestor:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**BILLING INFORMATION**

**Final Bill should be sent to**

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Current Owner:** \_\_\_\_\_ **Account#** \_\_\_\_\_

**BUYER Name:** \_\_\_\_\_ **Account#** \_\_\_\_\_

**Occupy:** -YES  NO  - if no please provide billing address below

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**\*PROCESSING TIME:** Turnaround is a minimum of a week from closing date  
**\*CANCELLATIONS:** Please inform our office as soon as possible, greatly appreciated