



**TRANSFER OF SERVICE REQUEST**  
EAGLE RIVER WATER & SANITATION DISTRICT

FAX to (970)-476-8357 OR customerservice@erwsd.org

ACCOUNT # \_\_\_\_\_ CLOSING DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ UNIT#: \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

LOT : \_\_\_\_\_ BLK : \_\_\_\_\_ : \_\_\_\_\_ FILED \_\_\_\_\_ CSR TAKING \_\_\_\_\_ FINAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**SELLER INFORMATION:** (A COPY OF THE FINAL BILL WILL BE SENT TO SELLER FOR THEIR RECORDS.)

SELLER NAME: \_\_\_\_\_  
LAST NAME FIRST NAME

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PH#: \_\_\_\_\_

**BUYER INFORMATION:**

BUYER NAME: \_\_\_\_\_  
LAST NAME FIRST NAME

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PH#: \_\_\_\_\_

**TITLE COMPANY INFORMATION:**

TITLE COMPANY NAME: \_\_\_\_\_

TITLE COMPANY FILE#: \_\_\_\_\_ AMT TO ESCROW: \$ \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PH#: \_\_\_\_\_

NAME OF CLOSER: \_\_\_\_\_ FAX#: \_\_\_\_\_

**ERWSD FIELD USE ONLY**

Date Closed: \_\_\_\_\_ CSR Initials: \_\_\_\_\_

Confirmed by: \_\_\_\_\_ Completed FBSO to Billing: \_\_\_\_\_

EC Assessor info attached: \_\_\_\_\_ Service Address Updated: \_\_\_\_\_

Entered By: \_\_\_\_\_ Verified By: \_\_\_\_\_