



**EAGLE RIVER  
WATER & SANITATION  
DISTRICT**

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

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

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

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

CSR TAKING FINAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**SELLER INFORMATION:**

SELLERS NAME: \_\_\_\_\_

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

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

**BUYER INFORMATION: (ALL FIELDS ARE REQUIRED FOR PROCESSING OF TRANSFER)**

BUYERS NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PH: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**TITLE COMPANY INFORMATION:**

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

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

IMPACT FEES DUE?: YES: \_\_\_\_ No: \_\_\_\_ Amount to Collect: \$

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

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

CLOSER: \_\_\_\_\_ FAX# \_\_\_\_\_

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Date Closed: \_\_\_\_\_ Confirmed by: \_\_\_\_\_