



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: _____