TRANSFER OF OWNERSHIP



Printed Name: _____

	Utility Start Date:	
C E	Title Co:	
	Contact Name:	
	Email:	
	Phone:	
Service Address:		
Account#	DATE OF CLOSING:	
***** PLEASE EMAIL FORM TO billing@FCLWD.com AFTER CLOSING ***** SELLER INFORMATION (forwarding address for final utility bill or refund)		
		Name(s):
Mailing Address:	Phone #:	
Signature(s):		
BUYER INFORMATION (mailing address for stateme	nt)	
Name(s):		
Mailing Address:	Phone #:	
	Email:	
Signature(s):		
Signature:	Title:	

FORM NOT VALID WITHOUT SIGNATURE

Date: ____

As a representative of the title company, I understand that services will not be transferred to Buyer until this completed document is received by the FCLWD.

- Utility Payoff amount only accepted for amount indicated on REQUEST FOR ESTIMATED FINAL BILL
- Payoff check must be received by FCLWD within 14 days of closing to avoid a past due balance and shut off of utility services

Mail Payoff Check to: Fort Collins - Loveland Water District 5150 Snead Drive Fort Collins, CO 80525