



Fort Collins – Loveland Water District
5150 Snead Dr
Fort Collins, CO 80525
(970) 226-3104

Request for Estimate of Final Bill

PLEASE PRINT:

Date Requested: _____

Company Requesting Final: _____

Contact Name: _____ Phone: _____

Return email address: _____

Service Address: _____

Parcel No.: _____

Seller Name(s): _____

Buyer Name(s): _____

Closing Date: _____

- The estimated final request will be returned within 24 hours of receipt.
- Final amounts are estimates only. Overpayments will be refunded.
- Allow 2 weeks for the processing of the final bill.
- Obtain closing papers at www.fclwd.com/forms/ or call the office
- Return completed Assignment Forms and Transfer of Service Form to the office immediately after closing.

FCLWD Use Only:

Service Provided: WATER

SERVICED BY HOA _____ NOT OUR SERVICE: _____ NO ACCOUNT: _____

Estimated Final: _____ Account # _____ Date: _____

Representative: _____

Please email this request to Fort Collins-Loveland Water District at billing@fclwd.com.