



REQUEST FOR FINAL BILLING DUE TO
CHANGE IN PROPERTY OWNERSHIP

Date of Request: _____
(PLEASE ALLOW AT LEAST 72 HOURS TO PROCESS THE REQUEST)

Service Address: _____

Account Type (please X current use):

Residential single-family _____ Residential w/Accessory Structure _____

Residential multi-family _____ Irrigation only _____ Commercial _____

Name of Seller(s): _____

Closing Date: _____

Date Final Billing Needed: _____

Name of Buyer: _____

Buyer's Mailing Address: _____

Buyer's Email Address: _____

Closing Company: _____

Person making this request: _____

Contact Phone: _____

Email Address: _____

Fax Number: _____

Other Information / Comments:

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Finance Dept. use only Date & Initial Inhance Account number: _____

Final Billing Request Received _____ Final Meter Reading request sent _____

Final Meter Reading Received _____ Final Bill emailed _____

Final Bill Paid _____ New account created _____

New Account packet sent _____ Account type (circle) SF MF SFw/ADU Comm Sewer Only