

## **TRANSFER OF OWNERSHIP**

Requested Service Date:		
(Please provide <u>new owner</u> information	on in the spaces below)	
NAME:		
SERVICE ADDRESS:		
BILLING ADDRESS:	<u>-</u>	
CITY, STATE, ZIP:		
HOME/CELL PHONE: Email Address:		
As new owner, I accept responsibility	for this account as of this date:	
	Buyer/New Owner Signature	
Water S.U.D.	ransfer fee with this completed for Schedule & Charges form (New Cu	·

- Copy of Driver's License
- Proof of ownership (WARRANTY DEED)

Date Deposit Paid:	Cash	Check	Money Order
--------------------	------	-------	-------------

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Race/National Origin (not of Hispanic Origin)

White \_\_\_\_\_ Black \_\_\_\_ American Indian /or Alaskan Native \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Other

\_\_\_\_ Male \_\_\_\_Female