

**Ownership Change Form**

Date: \_\_\_\_\_ Cycle: 1 2 3 4 50 Account OP

Property Address: \_\_\_\_\_

Residential  Commercial  Trash Day: M T W TH F

Parcel (APN) Number: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Track: \_\_\_\_\_

Additional Property Notes: Yes No \_\_\_\_\_

<b>BUYER</b>	New Account Number: _____
	Name on Title: _____ Alt. Name on Title: _____
	Mailing Address: _____ _____
	Telephone: _____ Alt. Phone: _____
	Email Address: _____
	SS#: _____ Name: _____
	Optional green/additional trash cart(s)? Yes No Has Backflow? Yes No
	If green or extra trash, does buyer want to keep them? Yes No Backflow test group: _____

<b>ESCROW</b>	Escrow Company: _____ Escrow Phone: _____
	Escrow File #: _____ Closing Date: _____ <input type="checkbox"/>

<b>SELLER</b>	Seller Account Number: _____ New Address <input type="checkbox"/>
	Name: _____ Telephone: _____
	Mailing Address: _____ _____ Auto Pay? Yes No

<b>FOR DISTRICT USE ONLY</b>	Closing W.O. # _____ Closing Read _____ Prorate Water? Yes No
	Welcome Letter <input type="checkbox"/> New Owner on Cro <input type="checkbox"/> Email Final Bill <input type="checkbox"/> Date: _____
	Escrow Verifications: _____ Employee: _____