

# TRANSFER FORM

## Westridge Sanitation District

3705 Kipling St – Suite 101  
Wheat Ridge, Colorado 80033  
Phone: 303-424-9467  
office@westridgesanitationdistrict.com

Today's Date: \_\_\_\_\_ Date of Final/Closing: \_\_\_\_\_

Title Company: \_\_\_\_\_

Title Company address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Closer/Assistant: \_\_\_\_\_

Account #: \_\_\_\_\_ (Please enter Acct. # provided by District)

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

Seller: \_\_\_\_\_

Phone: \_\_\_\_\_

Buyer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Sign up for e-billing: Yes \_\_\_\_\_ No \_\_\_\_\_

Will new owner/owners be occupying the property? (check one) Yes \_\_\_ No \_\_\_

If no, please provide mailing address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**PLEASE EMAIL COMPLETED FORM AT THE TIME OF CLOSING TO:**  
office@westridgesanitationdistrict.com