

**NEW OWNERSHIP TRANSFER APPLICATION
WATER DEPARTMENT**

**Town of Coal Creek P.O. Box 36 Coal Creek, CO.81221
Ph/Fax :(719) 784-6150/(719) 345-4035**

Date: _____ Name of Person making request: _____

Account No. _____ Property Address: _____

PREVIOUS OWNER:

Name: _____

Billing Address: _____

City, State, Zip Code: _____

Telephone No. _____

TRANSFER ACCOUNT NAME TO:

Name: _____

Billing Address: _____ (PO Box needed if Coal Creek Res.)

City, State, Zip Code: _____

Telephone #. _____ Alt. # _____

Prior to this date person(s) who previously owned property is responsible for water billing and debt retirement.

It is understood that the person(s) to whom the acct. is being transferred, is responsible for the payment of all water billings and debt retirement amount from this date forward.