

CWCWD CLOSING REQUEST FORM

METER ADDRESS: _____ DATE: _____
 CITY/STATE/ZIP: _____ TIME: _____

**Central Weld County Water District requires 72 hours notice of all closings.
 There will be an expedited fee added to the final charges if requested less than
 72 hours before the closing date:**

FINAL DATE: _____
 CLOSING DATE: _____

LEGAL DESCRIPTION of PROPERTY that is CLOSING: _____

Parcel # _____

CLOSING AGENT: _____ PHONE: _____
 COMPANY NAME: _____ FAX: _____
 EMAIL: _____

CURRENT OWNER(s): _____ PHONE: _____

NEW BUYER: _____ PHONE: _____
 MAILING ADDRESS: _____ EMAIL: _____
 CITY/STATE/ZIP: _____
 RENTER?: _____ PHONE: _____

Please remit form via email of person sending this OR via fax: 970-353-5865. Thank You.

FOR CWCWD USE ONLY:		Tap # : _____	CW Initials: _____
	READ	\$	Date: _____
PREVIOUS:	_____	_____	Notified Agent By:
CURRENT:	_____	\$25.00 (Transfer Fee)	EMAIL _____ FAX _____
TOTAL:	_____	_____	
Set Pull Bill option to True in BM?	YES / NO		
Set One-Time Do Not Bill option in BM?	YES / NO		Legal Verified:
			Bill Master : YES / NO
Write up Service Call?	YES / NO		Parcel # : YES / NO
Add to pull bills list?	YES / NO		Weld County: YES / NO
Backflow: Create Service Order for new Owner / Tenant		*Remove Seller: WebShare AutoPay*	