

## WELLS COUNTY REGIONAL SEWER DISTRICT - CHANGE OF PROPERTY OWNERSHIP

*(If renting or on land contract, please complete bottom portion.)*

### Applicant – PLEASE PRINT

First, Middle Initial, and Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ DLN: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address [if different than service]: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Receive Statements by Email: ☐

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

### Co-Applicant – PLEASE PRINT

First, Middle Initial, and Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ DLN: \_\_\_\_\_

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

### Property Owners must complete if you have Renters or Land Contracts -PLEASE PRINT

Property Owner agrees to:

- a. To be responsible & pay for all WCRSD charges accrued on the above property.
- b. On land contract and renting arrangements, leases and/or renter understands that WCRSD will share account & billing information with the property owner.

First, Middle Initial, and Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Signature: \_\_\_\_\_

#### Office Use Only:

Old Account Number: \_\_\_\_\_ New Account Number: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Entered into Ampstun: \_\_\_\_\_