

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: _____