

Pinewood Sanitary District  
Transfer Form

Unit # \_\_\_\_\_ Lot # \_\_\_\_\_ Date \_\_\_\_\_

Existing Owner's Name and Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Effective Date of Transfer: \_\_\_\_\_

Lateral Line Televised: Month \_\_\_\_\_ Year \_\_\_\_\_

New Owner's Name and Mailing Address: Please Print

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

The signature of the new owner herein below authorizes the account transfer, and by same agrees to pay all applicable charges for sewer use for the subject property.

\_\_\_\_\_  
Signature - New Owner Date \_\_\_\_\_

Listing Realty \_\_\_\_\_ Realtor \_\_\_\_\_  
Selling Realty \_\_\_\_\_ Realtor \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

Mail Transfer Form to: Pinewood Sanitary District  
P.O. Box 18758  
Munds Park, AZ 86017  
or Fax to (928-286-2465)  
Phone # (928-286-9166)