

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
PO Box 18758
Munds Park, AZ 86017
or Fax to (928-286-2465)
Phone # (928-286-9166)