

PINEWOOD SANITARY DISTRICT
PO BOX 18758
MUNDS PARK AZ 86017
PHONE 928-286-9166 FAX 928-286-2465



Unit # _____ Lot# _____ Date _____

Existing Owners Name and Mailing Address:

Phone # _____

Effective Date of Transfer:

Lateral Line Televised:

Month _____ Year _____

New Owners Name and Mailing Address:

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.

Date _____

Listing Realty _____ Date _____

Selling Realty _____ Date _____

PSD requires that all lateral sewer lines be inspected in full – from the dwelling to the main line connection- using all appropriate and necessary methods to ensure a complete assessment.