

CUSTOMER # _____

Date Address Change Received: _____

**ST. VRAIN SANITATION DISTRICT
CHANGE OF SERVICE/BILLING ADDRESS**

A. _____ Posted in Pinnacle

D. _____ Copy to Customer File

B. _____ Invoicing Procedure Complete

C. _____ Inspector

***SERVICE ADDRESS (New Owner)** **Legal Address: Lot: _____ Block: _____ Subdivision _____**

Customer Name: _____ Closing Date: _____

Address: _____

City/ZIP: _____

Phone: _____

CUSTOMER #: _____

***BILLING ADDRESS (if different than Service Address)**

Name: _____

Address: _____ City/ZIP: _____

Phone: _____ Other: _____

***OLD BILLING ADDRESS (BUILDER OR PREVIOUS OWNER INFORMATION)**

Name: _____

Address: _____ City/ZIP: _____

Phone: _____ Other: _____

***AMOUNT TO BILL AT CLOSING**

Previous Owner: _____ Total: _____

New Owner: _____ Total: _____

Title Company: _____ Contact Name: _____

Phone: _____ Total (held out by Title Co.): _____

For Previous Owner: _____ For New Owner: _____