

NEW OWNERSHIP TRANSFER APPLICATION

WATER DEPARTMENT

Town of Coal Creek P.O. Box 36 Coal Creek, CO.81221

**Phone:(719) 784-6150
coalcreektown@gmail.com**

Date: _____ Name of Person making request: _____

Property Address: _____

TRANSFER ACCOUNT NAME TO:

Name: _____ Account # _____

Billing Address: _____ (PO Box needed if Coal Creek Res.)

City, State, Zip Code: _____

Telephone #. _____ Alt. # _____

Email: _____

Prior to this date person(s) who previously owned property is responsible for water billing and debt retirement.

It is understood that the person(s) to whom the acct. is being transferred, is responsible for the payment of all water billings and debt retirement amount from this date forward. Bills are due the 25th of EVERY month. If you don't receive your bill it will be your responsibility to call Town Hall and resolve the billing situation.

_____ Signature

PREVIOUS OWNER: To be filled out by Town Hall

Name: _____ Account # _____

Billing Address: _____

City, State, Zip Code: _____

Telephone No. _____