www.ppwsd.org



TELEPHONE: 303-681-2050 FAX: 303-681-2051

Account Transfer Request

Property Owner Information

Date of Request:							
Requesting Party*:				A	Account #:		
Address:							
City:	State:		_ Zip:				
Email Address:		Phone:		Fax:			
*must be listed as owner on current account			Please che	eck one: Residentia	al	Commercial	
Renter Informatio	o <u>n</u>						
Name:							
Address :			_				
City:	State:		_ Zip:				
Email Address:		Phone:		Fax:		_	
Requested transfer	date:						
The District must re	eceive a \$300.00 dep	osit from re	enter before t	he account will be	transfer	red into the renters name.	
The owner will be o	charged \$50.00 for th	e final met	ter reading w	hich will be taken o	on the da	ate of transfer.	
Following the trans	fer, the District will b	oill the rent	ter listed abo	ve. However, the pr	roperty o	owner is responsible for any	
balances exceeding	the deposit amount v	which are le	eft outstandir	ng when a renter va	cates the	e property. The District will no	
continue to try and	collect from a renter	for an outs	standing balar	nce after they have	vacated	the property.	
The property owner	is required to contac	t the Distri	ict to get the	billing transferred b	back into	o their name when the renter	
vacates. If the rente	r does not take posse	ssion it is t	the property of	owners responsibili	ty to coi	ntact the District 2 (two)	
working days prior	to the transfer date li	sted above					
Property Owner S	ignature		_	$\overline{\Gamma}$	Date		
District Approva	<u>l</u>						
Approved Ry				Γ)ate Re	ceived:	