www.ppwsd.org



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

Account Transfer Request

Property Owner Information

Date of Request:							
Requesting Party*:			Account #:				
Address:							
City:	State:		_Zip:				
Email Address:		_ Phone:		Fax:			
*must be listed as owner on current account			Please ch	neck one: Resi	dential	_ Commercial	
Renter Information							
Name:							
Address:			_				
City:	State:		_ Zip:				
Email Address:		_ Phone:		Fax:			
Requested transfer date: _							
The District must receive	a \$300.00 depo	sit from re	enter before	the account w	ill be transfer	rred into the renters name.	
The owner will be charged	d \$50.00 for the	final met	er reading v	which will be to	aken on the d	late of transfer.	
Following the transfer, the	e District will bi	ill the rent	er listed abo	ove. However,	the property	owner is responsible for any	
balances exceeding the de	posit amount w	hich are le	eft outstand	ing when a ren	iter vacates th	ne property. The District will n	ot
continue to try and collect	from a renter f	or an outs	tanding bal	ance after they	have vacated	d the property.	
The property owner is req	uired to contact	the Distri	ict to get the	e billing transfe	erred back in	to their name when the renter	
vacates. If the renter does	not take posses	sion it is t	he property	owners respon	nsibility to co	ontact the District 2 (two)	
working days prior to the	transfer date lis	ted above					
Property Owner Signatu	ıre		-		Date		
District Approval							
Approved By:			_		Date Re	eceived:	