



*Date _____

*Service Address: _____ Tax Lot ID: _____

*Date of Closing: _____

*Buyer: _____

*Seller: _____

*Seller Forwarding Address: _____

*Title Company: _____ *Contact: _____

*Phone #: _____ *Email: _____

Comments: _____

- * Please fill out this form and email to info@boxeldersanitation.org.
- * BSD will email to the Estimated Final Billing and the Sewer Service Account Application for the closing to the contact listed above.
- * The Application is completed, signed and dated at time of closing by the Buyer.
- * Title returns Application via email or mail with final payment that is due at closing.
- * Applications are needed in our office before the end of each month.
- * The District serves portions of Fort Collins, Windsor, Timnath and unincorporated areas of Larimer and Weld Counties. Please call to check if we service a property if unsure.
- * Please call with any questions 970-498-0604.