

Change of Ownership Form

Date _____

Contact Information of New Property Owner:

Name: _____

Billing Address: _____

☐ Check here if same as property address

Property Information:

Phone Number: _____

Email: _____

Address: _____

Parcel ID: _____

Additional Property Information

For non-residential properties, provide any applicable information regarding changes to the property that may affect flow of discharge in the space provided below: