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:
	Liliali.
	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:

Submit completed form to alisa@bcs-management.com or mail to Change of Ownership c/o Taylor Regional Sewer District PO Box 125 Hemlock, IN 46937.