Change of Ownership Form

Date _____

Contact Information of **New** Property Owner

Name: _____

Phone Number: _____

Email: _____

Billing Address:

☐ Check here if same as property address (below)

_____

_____

Property Information: Address: _____

_____

Parcel ID:*_____

*Preferred source https://beacon.schneidercorp.com/

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 info@bcs-management.com or mail to Change of Ownership c/o Taylor Regional Sewer District, P.O. Box 125, Hemlock, IN 46937