



South Fort Collins Sanitation District
2560 E County Road 32
Fort Collins, CO 80528
Phone: (970) 226-2484

Request for Estimate of Final Bill

PLEASE TYPE/PRINT:

Date Requested: _____

Company Requesting Final: _____

Contact Name: _____ Phone: _____

Return email address: _____

Service Address: _____

Parcel No.: _____

Seller Name(s): _____

Buyer Name(s): _____

Closing Date: _____

- The estimated final request will be returned within 3 business days of receipt.
- Sewer charges are based on flat monthly fee. No proration provided.
- To obtain closing papers, visit our website, <https://sfcsd.net/forms/>
- Return completed Sewer Assignment Form and Transfer of Service Form to South Fort Collins Sanitation District immediately after closing.

SFCS D Use Only: Sewer Service Only

ACCOUNT NUMBER: _____

ESTIMATED BALANCE: _____

SERVICE BY HOA: _____

NOT OUR SERVICE AREA: _____

COMPLETED BY: _____

DATE: _____

**** Account holder at time of billing is responsible for the entire month's bill. ****

Please email this request to South Fort Collins Sanitation District at communications@sfcsd.net