

# **South Fort Collins Sanitation District**

### **District Sewer Assignment**

Return to the District by Email: <u>Communications@sfcsd.net</u> Snail Mail: 2560 E County Road 32, Fort Collins, CO 80528 www.sfcsd.net

Account #	
FOR VALUE RECEIVED, I/WE hereby sell, t	s of the South Fort Collins Sanitation District on my/our real property situated in the
County of Larimer, State of Colorado, describ	ped as follows: (Attach separate exhibit for description, if necessary.)
Also known as <b>Street and Number</b> :	
It is agreed that this tap was purchased for the property, nor shall any tap fees paid be refun	ne above-described real property and such tap cannot be transferred to other real ided.
I/We further authorize the Manager of South transfer on the books of the District.	Fort Collins Sanitation District to do any and all things necessary to complete this
Date Signed	[Forwarding Address]
Assignor (Seller)	Street and Number
Assignor (Seller)	City, State, Zip Code
A	CCEPTANCE OF ASSIGNMENT
tap in this assignment; and I/We also unders	nd that I/We are obligated to accept any charges or other debts owing pursuant to the tand that all terms, conditions and obligations contained in the assignors Sewer Taper, I/We agree to pay all rates and charges as set by the District and to abide by all ed from time to time.
property and that in the event such real prope deemed transferred with the sold real prope	sewer tap was purchased for use only in connection with the above described real erty is subsequently conveyed or transferred to a new owner, such sewer tap shall be erty whether such conveyance or transfer is the result of a voluntary or involuntary ublic trustee's sale, sheriff's sale, treasurer's sale, or otherwise.
transfers of the real property as the owner of s	dures of the South Fort Collins Sanitation District, the District may recognize such sold sewer tap without having first obtained an assignment of such sewer tap executed ssignee retain ownership of said tap upon his/her subsequent transfer of the property,
Date Signed	[Mailing Address]
Assignee (Buyer)	Street and Number
Assignee (Buyer)	City, State, Zip Code
	APPROVAL OF ASSIGNMENT
I,, Mar	nager of South Fort Collins Sanitation District, hereby approve the above
Date Signed	Secretary/Manager



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## **Transfer of Service Request**

## Please Print below (\*require fields):

	Address	City	State	Zip	
*Date of Transfer: _					
*Seller Name(s): _					
		Phone Num	Phone Number		
*Forwarding Addre	SS:				
G	Address	City	State	Zip	
* Effective February	1, 2024 A one-time \$15.00	transfer fee will apply to	all new acc	ounts.*	
		transfer fee will apply to		ounts. *	
*Buyer Name(s): _				ounts.*	
*Buyer Name(s): _				ounts. *	

Transfer of Service form to be filled out at closing and submitted to the South Fort Collins Sanitation District for transfer of service within 48 hours.

- The account holder at the time of invoicing is responsible for the balance due.
- ❖ Any adjustment will be between the Seller and Buyer at time of closing.