

Wasco Sanitary District  
Authorization for Transfer of  
Water and Sanitary Sewer Service

Submit to office@wascosd.org

Account #: \_\_\_\_\_ Service Address: \_\_\_\_\_

Closing/Transfer Date: \_\_\_\_\_ Requested By: \_\_\_\_\_

Request Date: \_\_\_\_\_

Seller/Transferor

Buyer/Transferee

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address:

Phone: \_\_\_\_\_

Seller's Attorney: \_\_\_\_\_

Attorney's Email: \_\_\_\_\_

Attorney's Phone: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Paperless Invoice

Paper Invoice

Leasing Property

Purchasing Property

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**For Office Use Only**

**Meter Read Date:** \_\_\_\_\_

Final Reading: \_\_\_\_\_

Operator: \_\_\_\_\_

Date & Time: \_\_\_\_\_

MXU/MIU: \_\_\_\_\_

Submitted letter to attorney/title company

Submitted by \_\_\_\_\_

Final Invoice#: \_\_\_\_\_

Updated Route

Established New Customer Account

