



EVERGREEN
METROPOLITAN
DISTRICT

Water & Wastewater
P.O. Box 3819
Evergreen, CO 80437
(303) 674-4112 Fax (303) 674-7267
evergreenmetrodistrict.com

Request for Account Status

Date: _____ To: _____ Billing _____

Fax #: _____ 303-674-7267 Re: _____ Request for Account Status _____

From: _____

Please complete the following information. Upon receipt, account status will be faxed back to you.

Title Company Name (Final billing to): _____

Contact Phone No. / Fax No.: _____

Title CO Mailing Address (Final billing to): _____

Property Address: _____

Seller: _____

Close Date*: _____ Escrow #: _____

*** We must be notified if sale does not take place as noted above. Otherwise, account will be transferred based on this information. Fees will be incurred if we are not notified closing did not occur and we proceed as noted on this form.**

A \$25 Service Transfer Fee will be charged to the buyer on their first billing statement. Please note ALL Buyer(s) information is required.

Buyer(s) Name: _____ Will Buyer(s) occupy? _____

Buyer(s) Mailing Address: _____
(mailing address for Buyer(s) after closing)

Buyer(s) Phone # **Required on All New Accounts:** _____

Buyer(s) E-mail Address: _____

Account Status:

Account Number _____

Current Balance _____

Service Period _____

Average monthly bill _____

Additional Information _____