



REQUEST FOR ESTIMATE - SUBMITTED BY TITLE COMPANY

To request an escrow amount, Please complete the section below and return via email or fax below

Title Company _____ Fax # _____

Contact Name _____ Phone# _____

Seller(s) Name _____

Service Address _____

Scheduled Closing Date _____ County Parcel ID # _____

****Please provide a Post occupancy date if applicable: _____

ESCROW ESTIMATE - TO BE COMPLETED BY LEFT HAND WATER DISTRICT

Date of Last Reading _____ Current Balance Due _____

Summer High \$ _____ Average Low \$ _____

Recommended Escrowed Amount \$ _____ based on Scheduled Closing Date.

Parcel ID# _____ Account # _____ Prepared By _____ Date _____

TRANSFER OF PROPERTY INFORMATION - SUBMITTED BY TITLE COMPANY

REMINDER - The Warranty Deed AND the County Parcel ID# is required

A Final Reading of the water meter located at this service address and the Final Terminated bill **WILL NOT** be prepared until the Warranty Deed is faxed (or emailed) to us. (Termination of all accounts may take up to 48 hrs upon receipt of Warranty Deed & completed form)

Buyers Name(s) _____

Buyer(s) Mailing Address _____

Buyer(s) Telephone # _____ Other Contact Telephone # _____

Buyer(s) Email: _____

[P.O. Box 210 Niwot, CO 80544-0210 - Phone 303-530-4200 - Fax 303-530-5252 - www.lefthandwater.org](mailto:transfers@lefthandwater.org)

Email request to transfers@lefthandwater.org