

Town of Mead
Change of Ownership

P.O. Box 626
Mead, CO 80542

Ph: 970-535-4477
Fax: 970-535-0831

Today's Date: _____ Name of Person calling: _____

Property Address: _____ Closing Date: _____

Previous Owner Name: _____

Forwarding address: _____

Account #: _____

Amount Owed on Account:

Previous Balance: \$ _____

Current Months Charges: \$ _____

Total: \$ _____

New Owner Name, Address, Phone #: _____ **

Account #: _____

Renters: ___ yes ___ no

FINAL BILL FAX TO:

NAME:

Phone #:

FAX #:

**Please fill out and return with payment to the Town of Mead

**As a courtesy please call and let us know if this sale does not go through.

Thank you