



Left Hand Water District

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(s) _____

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# are 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 accounts may take up to 48 hours after receipt of Warranty Deed & completed form)

Buyer(s) Name(s) _____

Buyer(s) Mailing Address _____

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

Buyer(s) Email: _____