| New Paris Conservancy District 18121 County Road 29, P.O. Box 92  New Paris, IN. 46553  Hours: M-W-F  9 am to 4 pm  Phone or Txt: 574.202.2547 Property Transfer **ORIGINAL SIGNED COPY MUST BE SENT TO NPCD.** | | | | |
| --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **to be completed at closing:** | | | | | Seller’s name as it appears on title: | | | | | Tax ID: | NPCD Account # | Phone: | | | Address of property requesting to transfer: | | | | | City: | State: | ZIP Code: | | | Date of Sale: | Was NPCD contacted? | |  | | NPCD Bills one month arrears. Was this discussed at closing? NPCD cannot pro rate bills; this needs to be handled at closing.  Address to send final bills: | | | | | City: | State: | ZIP Code: | | | Closing Agent: | Phone#: | |  | | | | | |
| PURCHASER NAME AS TITLED ON THE DEED: | | | | |
| Name: | | | | |
| Date of birth: | Phone: | Phone: | | |
| Address of property requesting to transfer: | | | | |
| City: | State: | ZIP Code: | | |
| Driver’s License # | SSN# | |  | |
| If mailing address is different from above please complete below:  Address: | | | | |
| City: | State: | ZIP Code: | | |
| Where Employed: | Work # | |  | |
| |  |  |  |  | | --- | --- | --- | --- | | If more than one person on deed please complete below: | | | | | Name: | | | | | Date of birth: | SSN: | Phone: | | | Address of property requesting to transfer: | | | | | City: | State: | ZIP Code: | | | Driver’s License # | SSN# | |  | | If mailing address is different from above please complete below:  Address: | | | | | City: | State: | ZIP Code: | | | Where Employed: | Work # | |  | | | | | |
| Signature(s) as appears on Title of Property: | | | | Date: |