| New Paris Conservancy District18121 County Road 29, P.O. Box 92New Paris, IN. 46553Hours: M-W-F 9 am to 4 pmNewparisconservancydistrict.comPhone or Txt: 574.202.2547Property Transfer **ORIGINAL SIGNED COPY MUST BE SENT TO NPCD.** |
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| **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#: |  |

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| 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 # | EMAIL: |
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| 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 # | EMAIL: |

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| Signature(s) as appears on Title of Property: | Date: |