TRANSFER OF WATER BENEFIT UNIT

Rural Water District #8
P O Box 246
Leavenworth, KS 66048
Ph: 913-796-2164
rwd8lv@gmail.com

Date

Buyer Name (s)

Address

City, State

Zip Code

Phone #

Email **Check Box if you would want emailed bills.**

Service ID #

Date of Closing

MAILING ADDRESS

Street Address

City, State, Zip Code

All bills and notices will be mailed to the above address of record. It is the customer's responsibility to update this information as necessary. Notification must be received in writing and mailed to the district office or sent by email to the district email. The district will not consider customer failure to receive notices mailed to the address of record as reasonable cause to avoid penalties, suspension of service or forfeiture of meter rights. I / We the undersigned buyer(s) hereby accept the transfer of the above benefit unit and agree to abide by the rules and regulations as set forth by Rural Water District #8.

_____**Date**_____

_____**Date**_____