TRANSFER OF WATER BENEFIT UNIT

Rural Water District #8
P O Box 246
Leavenworth, KS 66048
Ph: 913-796-2164

Date

Seller Name

Address

City, State

Zip Code

Phone #

Service ID #

Date of Closing **Date of Final Reading**

MAILING ADDRESS FOR FINAL BILL

Street Address

City, State, Zip Code

New Phone #

By signing below seller states his/her understanding that all outstanding water bills must be paid before meter can be transferred to new owner. You will continue to be responsible for this account until this form is signed and the final reading has been taken.

_____**Date**_____