

Aspen Consolidated Sanitation District
Sewer Status Request

FAX TO: 970-925-2537

Title Company Name: _____

Phone: _____

Fax: _____

Email: _____

Closing Agent: _____

Date: _____

Escrow: _____

Property Address and Legal Description: _____

Current Owner: _____

Buyer: _____

Mailing Address: _____

Closing Date: _____

ACSD Acct. No. (list if multiple): _____

Quarterly Charges \$ _____

Balance Due: \$ _____

Period Covered: _____

Previous Balance or Other Amount Due Breakdown (if any) _____

Special Collections From Buyer (if any) _____

Amounts given and/or balances paid in accordance with these figures does not guarantee or infer that additional fees may not be charged to this property in the future. Fees may have accrued to this property (i.e. initial line fees or impact fees) that have not been collected.

Form Completed By: _____ for Aspen Consolidated Sanitation District.

565 North Mill St. Aspen, Colorado Date: _____