



TRIVIEW METROPOLITAN DISTRICT

16055 Old Forest Point, Suite 300

P.O. Box 849

Monument, CO 80132

(719) 488-6868 Fax: (719) 488-6565

DATE: _____ TITLE CO: _____

ADDRESS: _____

PH: _____ FAX#: _____ CLOSER: _____

1. TAX SCHEDULE: _____
2. LEGAL DESCRIPTION: _____
3. SERVICE ADDRESS: _____
4. NAME OF SELLER: _____
5. SELLER'S FORWARDING
ADDRESS: _____
6. BUYER'S NAME(S): _____
7. BUYER'S MAILING ADDRESS: _____
8. CLOSING DATE/TIME: _____

**I, _____, OWNER OF THE ABOVE NAMED
PROPERTY, GIVE TRIVIEW METROPOLITAN DISTRICT PERMISSION TO RELEASE THE
NECESSARY BILLING INFORMATION TO THE REQUESTER.**

RESIDENTIAL BILLING

() WATER & SEWER SERVICE FEES ARE PAID TO DATE AND THE FINAL BILL WILL BE SENT TO THE SELLER.

() WATER & SEWER SERVICE FEES TO BE COLLECTED AT CLOSING

BILLING PERIOD: _____

MISCELLANEOUS: _____

ESTIMATED TOTAL TO BE COLLECTED AT CLOSING: \$ _____

*****PLEASE SEND/FAX WARRANTY DEED*****

TRIVIEW'S AUTHORIZED PERSONNEL: _____