



TRIVIEW METROPOLITAN DISTRICT

16055 Old Forest Point, Suite 302

P.O. Box 849

Monument, CO 80132

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

DATE: _____ TITLE CO: _____

ADDRESS: _____

PH: _____ FAX#: _____ CLOSER: _____

TAX SCHEDULE: CLOSING DATE/TIME CLOSING DATE/TIME: _____

1. LEGAL DESCRIPTION: _____

2. SERVICE ADDRESS: CLOSING DATE/TIME: _____

3. NAME OF SELLER: _____

4. SELLER'S FORWARDING: _____

5. ADDRESS: _____

6. BUYER'S NAME(S): _____

7. BUYER'S MAILING ADDRESS: _____

8. BUYER'S PHONE NUMBER (EMERGENCY CONTACT): _____

9. BUYER'S EMAIL ADDRESS: _____

10. 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: _____