

TITLE COMPANY NAME _____ FAX # _____ PHONE # _____

ESCROW # _____ CLOSE OF ESCROW _____ OCCUPANCY DATE _____

SELLER _____ MAILING ADDRESS _____

BUYER _____ MAILING ADDRESS _____

BUYER'S PHONE NUMBER _____

TO BETTER SERVE OUR MUTUAL CUSTOMERS, PLEASE BE SURE THE MAILING ADDRESS FOR NEW BUYER IS ACCURATE!

PLAT _____ BLOCK _____ LOT _____ PARCEL NO. _____

PROPERTY ADDRESS _____

PROPERTY IS: VACANT ___ IMPROVED ___ NEW CONSTRUCTION ___ SEWER CONNECTION PAID ___ DATE _____

ESCROW OFFICER (Please Print and Sign)

NOTICE OF EASEMENT: If this box is checked, the property owner should be aware that an active easement may be present on the property. An active easement must remain clear for operation and maintenance purposes. Nothing may be constructed or planted within an active easement without permission from the District.

An abandonment or encroachment letter for this property is attached, please provide copy to new buyer.

AVAILABILITY FEES: (APPLIES TO VACANT LAND ONLY)

AMOUNT OF THE AVAILABILITY FEE IS \$ _____ PAID ANNUALLY AND COVERS THE TIME PERIOD

FROM _____ TO _____.

- AVAILABILITY FEE HAS BEEN PAID
- AVAILABILITY FEE HAS NOT BEEN PAID (PLEASE COLLECT).
- AVAILABILITY FEE IS PAST DUE, PLEASE COLLECT A LATE FEE OF \$ _____.
- A LIEN HAS BEEN FILED ON THIS PROPERTY.
- NO AVAILABILITY FEE ASSESSED FOR THIS FISCAL YEAR.
- COLLECT BUYER ESTABLISHMENT FEE - PLEASE COLLECT \$ _____ FROM BUYER.

SEWER USER FEES: (APPLIES TO IMPROVED PROPERTY)

(SEWER USER FEES ARE PAID QUARTERLY IN ADVANCE & ARE DUE THE FIRST DAY OF JANUARY, APRIL, JULY, AND OCTOBER.

A LATE CHARGE PLUS INTEREST IN THE AMOUNT OF 10% PER ANNUM IS ASSESSED ON ALL PAST DUE BALANCES)

AMOUNT OF THE CURRENT SEWER USER FEE IS \$ _____ PAID QUARTERLY AND COVERS THE TIME PERIOD

FROM _____ TO _____.

- SEWER USER FEE HAS BEEN PAID.
- SEWER USER FEE HAS NOT BEEN PAID (PLEASE COLLECT).
- SEWER USER FEE IS PAST DUE, PLEASE COLLECT \$ _____ FOR THE TIME PERIOD OF _____ TO _____.
- A LIEN HAS BEEN FILED ON THIS PROPERTY. LIEN WILL BE RELEASED UPON PAYMENT IN FULL.
- COLLECT BUYER ESTABLISHMENT FEE - PLEASE COLLECT \$ _____ FROM BUYER.

IN ADDITION, PLEASE COLLECT \$ _____ FOR THE TIME PERIOD OF _____ TO _____.

Comments: _____

PAYMENTS ARE ACCEPTED FROM CUSTOMERS UNTIL PROOF OF CLOSING HAS BEEN RECEIVED. PLEASE CALL TO UPDATE PRIOR TO CLOSING TO ELIMINATE DUPLICATE PAYMENTS! THANK YOU!

PLEASE FAX INQUIRY BACK AFTER CLOSE OF ESCROW OR INCLUDE COPY WITH PAYMENT.

Fountain Hills Sanitary District would like to acknowledge and thank you for the assistance you provide the District. We appreciate all your help!

FOUNTAIN HILLS SANITARY DISTRICT

16941 E. Pepperwood Circle

Fountain Hills, AZ 85268

Revised 3/10/11

(480) 837-9444

Fax (480) 837-0819

For Internal Use Only: Checked for Abandonment/Encroachment Letter

DATE

BILLING A/C NO. _____