

Olowalu Water Company, Inc.

NOTICE OF TRANSFER OF SERVICE

DATE _____

Current Owner

Account #

Service Address

Subdivision & Lot #

Estimated Closing Date

Escrow Office & Agent

Agent Contact #

Credit Card for Final Bill Payment

Name on Card

____-____-____-____
Credit Card #

Forwarding Address

Exp Date MM/YY

3 Digit Code

City, State & Zip

Signature

NEW OWNER:

Name:

Phone #

Mailing Address

Cell#

City, State & Zip

Email Address

I am requesting a final reading on or about the estimated closing date and cancellation of my services as of the estimated closing date.

Signature

Print Name