

Clear Lake Sanitary District

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REAL ESTATE TRANSACTION ACCOUNT CHANGE

BUYER'S/SELLER'S [circle one] REAL ESTATE AGENT:

AGENT NAME _____

DATE _____

AGENCY NAME _____

FAX # _____

PROPERTY _____

EMAIL _____

DATE OF CLOSING _____

BUYER:

NAME _____

MAILING ADDRESS _____

COMMENTS: _____

SELLER:

NAME _____

FORWARDING ADDRESS _____

COMMENTS: _____

CLSD OFFICE USE ONLY

REFERENCE NUMBER: _____

OUTSTANDING BALANCE DUE: _____ AS OF _____

DATE OF SUMP PUMP INSPECTION _____: PASS ___ FAIL ___

ATTENTION: FAILED INSPECTIONS WILL HAVE TO BE CORRECTED AND INSPECTED WITHIN 30 DAYS OF INITIAL INSPECTION.

ACCOUNT CHANGE COMPLETED BY: _____ DATE _____