

**FINAL REQUEST FORM**  
**THE CONSOLIDATED MUTUAL WATER COMPANY**  
**12700 West 27th Avenue**  
**PO Box 150068**  
**Lakewood, Colorado 80215**

Fax, Mail, or E-mail To Consolidated For Processing  
**E-Mail: consumerservices@cmwc.net**  
**Fax No. 303.237.5560**  
**Phone: 303.238.0451**

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**FROM:** Title Company's Name \_\_\_\_\_  
Attn: \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Fax # \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Print Name \_\_\_\_\_  
Name Of Seller: \_\_\_\_\_  
Forwarding Address: \_\_\_\_\_  
Phone # \_\_\_\_\_

Final Reading Date: \_\_\_\_\_

Send Final Bill To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Of Closing: \_\_\_\_\_

Name of New Owner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Joint Tenants \_\_\_\_\_  
Tenants in Common \_\_\_\_\_

Mailing Address of New Owner: \_\_\_\_\_  
\_\_\_\_\_

Phone #(s) \_\_\_\_\_  
\_\_\_\_\_

Ordered By: \_\_\_\_\_  
Signature

Print Name \_\_\_\_\_