



BIG BEAR CITY

Community Services District

Date: _____

Cycle: 1 2 3 4 50

Account OP

Property Address: _____

Residential

Commercial

Trash Day: M T W TH F

Parcel (APN) Number: _____

Lot: _____ Block: _____ Track: _____

Additional Property Notes: Yes No _____

BUYER

New Account Number: _____

Name on Title: _____ Alt. Name on Title: _____

Mailing Address: _____

Telephone: _____ Alt. Phone: _____

Email Address: _____

SS#: _____ Name: _____

Has Recycle Bin? Yes No New Recycle Bin? Yes No W.O. Cro

Extra trash carts at property? Yes No If yes, does buyer want to keep them? Yes No

ESCROW

Escrow Company: _____ Escrow Phone: _____

Escrow File #: _____ Closing Date: _____

SELLER

Seller Account Number: _____ New Address

Name: _____ Telephone: _____

Mailing Address: _____

_____ Auto Pay? Yes No

FOR DISTRICT USE ONLY

Closing W.O. # _____ Closing Read _____ Prorate Water? Yes No

Welcome Letter New Owner on Cro Email Final Bill Date: _____

Escrow Verifications: _____ Employee: _____