



## **Change of Ownership Form**

| Date                                       |               |
|--|---------------|
| Contact Information of New Property Owner: | Name:         |
|  | Phone Number: |
| Property Information:                      | Address:      |
|  | Parcel ID:    |

## **Additional Property Information**

For non-residential properties, provide any applicable information regarding changes to the property that may affect flow of discharge in the space provided below: