## **Jefferson County**

Rural Water District No. 9

8463 Oak Point Rd.
Ozawkie, KS 66070
jeffersonrwd9@embargmail.com

Office (785)876-3018 Erin's Cell: (785)766-3429 Mike's Cell: (785)224-6440

## **Benefit Unit Transfer Form**

Date:	Date of Closing:
SELLER FILLS OUT: FOR VALUE RECEIVED, the undersigned:  The owner(s) of Benefit Unit/Acct.# of Jefferson County Rural Water District No. 9, Kansas hereby assign(s), convey(s), and transfer(s) said Benefit Unit. By signing this transfer form, you are relinquishing your ownership of the Benefit Unit for the service address or lot number stated above. And by signing below, seller(s) state(s) his/her understanding that all outstanding water bills must be paid before the Benefit Unit can be transferred to the new owner(s). I(we) will continue to be responsible for this account until this form is fully executed by all parties and the final reading has been taken.	
Signature(s) of Seller's Name(s)	Signature(s) of Seller's Name(s)
that Seller is responsible for paying the final reading in the event the above-named seller does not pay to	erson County Rural Water District No. 9, Kansas. I(we) understanding amount before the Benefit Unit can be transferred. However, he bill in full, and I(we) still want to proceed with the Benefit Unit, final bill before so that the Benefit Unit can be transferred.
Print Buyer's Name(s)	Print Buyer's Name(s)
Signature(s) of Buyer's Name(s)	Signature(s) of Buyer's Name(s)
District hereby consents to and approves the transfer	fferson County Rural Water District No. 9, Kansas, said Rural Water of the above-mentioned Benefit Unit from the seller(s) named above vater service to the assignee(s) upon the same terms and conditions
Date Received:	Date Approved: