



2924 SE Lund Avenue, Port Orchard, WA 98366  
(360) 876-2545 • Fax (360) 874-5030  
www.customerservice@wsud.us

**STATEMENT OF PROPERTY TRANSFER FORM**

Please fill in as much information as you can, then submit this form to **West Sound Utility District**. If you have an existing account, you may go on-line to complete this statement of property transfer form.

DATE: \_\_\_\_\_

WSUD Acct. #: \_\_\_\_\_ WSUD Ref. #: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

TAX PARCEL #: \_\_\_\_\_

**PLEASE PRINT**

**SELLER'S NAME:** \_\_\_\_\_  
SELLER'S  
FORWARDING ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

**BUYER'S NAME:** \_\_\_\_\_  
BUYER'S  
MAILING ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
BUYER'S PHONE #: \_\_\_\_\_  
*(Please include area code)*  
DATE OF TRANSFER: \_\_\_\_\_  
Email: \_\_\_\_\_

PLEASE LET US KNOW 48 HOURS IN ADVANCE IF A CLOSING DATE CHANGES TO AVOID A \$40.00 SPECIAL METER READ.

**NAME OF PERSON MAKING THIS REQUEST:** \_\_\_\_\_

West Sound Utility District recommends that you retain a copy of this completed form for your personal records.