

CHANGE OF OWNERSHIP FORM

DATE _____

SUBDIVISION: _____ LOT #: _____

PROPERTY ADDRESS: _____

OLD OWNER: _____

NEW OWNER: _____

First Name

Last Name

Spouse / First Name

Last Name (if different)

MAILING ADDRESS: _____

PHONES #'S (H) _____ - _____ - _____

(W) _____ - _____ - _____

CELL # _____ - _____ - _____

E-MAIL _____

Would you like to receive our newsletter by email? _____

CO-OWNER(S) Name, Address & Phone #(if applies):

TRASH NEEDS: YEARLY _____ SUMMER (May-Oct) _____ CUSTOM _____

RENTER Name(s) (if applies):

This form can be filled out online and then **printed** out to either **fax, mail, or drop it off** at the office.

LCPOA - 11281 Hewitt Rd., Brooklyn, MI 49230 • Phone: (517) 592-2361 • Fax #: (517) 592-3710

FOR OFFICE USE:

Verify Paid Account _____ (yes or no)

Change Customer _____ peachtree

Change Inventory Item _____ peachtree

Change name on Trash list _____ Excel

Membership cards _____ crystal reports

COPY OF DEED _____ (YES OR NO)