

PLEASE COMPLETE THIS FORM IN FULL AND RETURN WITH PAYMENT OF FEES TO:

**I.C.R. SANITARY DISTRICT**

PO Box 215, Chino Valley, AZ 86323  
Phone 928-237-9347 \* Fax 928-636-9771  
Website: <http://icrsd.net>

\* Required Fields

**PROPERTY TRANSFER**

\*Service/Site Address: \_\_\_\_\_ \* Parcel Number: \_\_\_\_\_

\*Sub Division:  Inscription Canyon Ranch     Whispering Canyon     Talking Rock     Preserve at the Ranch    Lot No: \_\_\_\_\_

\*Name of Applicant: \_\_\_\_\_ Expected Closing Date \_\_\_\_\_

\*Name of Owner if Different from Applicant \_\_\_\_\_

Owner's Billing/Mailing Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date

**FEES:** Check the status below that applies to this property: Make all checks payable to ICR Sanitary District.

**\*Note: One of the boxes below must be checked:**

**This is a home with an already existing wastewater service account.**  
**There is a transfer fee of \$35.00.** Please submit with this form unless fees have been paid through escrow / title company.

**This is vacant land. There is a transfer fee of \$35.00.** Please submit with this form unless fees have been paid through escrow / title company.

**IMPORTANT NOTICE:** Payments are due 30 days after billing. A late charge of \$5, plus finance charges at 10% per annum are added to the past due amount. At 90 days in arrears, A lien may be placed on the property for the total amount due, plus legal fees.

ICR Sanitary District Use Only:
Payment has been received by the above applicant. Check #: _____ Amount: _____ Date: _____