



Environmental Health Division

TRANSFER OF OWNERSHIP STATE SMALL WATER SYSTEM



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Fort Bragg Office: 752 S Franklin Street

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Please fill out the form completely and return with the Transfer of Ownership Fee

Small Water System Name:

Small Water System Address:

Current Owner Name:

Effective Date of Ownership Change:

New Owner Information:

Name:

Address:

Phone Number:

Email Address:

Under penalty of perjury, I certify by my signature that the information I have provided is true and correct to the best of my knowledge.

Owner Signature:

Date:

For Office Use Only:

Reviewed and Approved By:

Date: