



Phone: 403-381-8473
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CAPACITY UNIT TRANSFER

DATE: _____ Curb Stop # _____

SELLER INFORMATION:

Proper Name(s) of Seller(s) _____

Mailing Address: _____ City/Town: : _____

Province: _____ Postal Code: _____ Email: _____

Home Phone (____) _____ Work Phone: (____) _____ Fax: (____) _____

BUYER INFORMATION:

Proper Name(s) of Buyer(s): _____

Mailing Address: _____ City/Town: : _____

Province: _____ Postal Code: _____ Email: _____

Home Phone: (____) _____ Work Phone (____) _____ Fax: (____) _____

Possession Date: _____

PROPERTY/WATER CONNECTION INFORMATION:

Lot (with water connection): Number: _____ Block: _____ Plan: _____

Quarter: _____ Section: _____ Township: _____ Range: _____ West of the _____ Meridian

Street or Municipal Address: _____