



**APPLICATION FOR TRANSFER OF POSITION**

Revised 10/18/2017

**SENDER PARCEL INFORMATION:**

APN: [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] Street: \_\_\_\_\_

**RECEIVER PARCEL INFORMATION:**

APN: [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] Street: \_\_\_\_\_

Transfer  Waitlist (WL) # \_\_\_\_\_  Intent to Serve (ITS) Letter  Connection Permit  
Type:  Grandfathered (GF) Permit  Active Service \_\_\_\_\_ EDU(s)  Exchange  
*(Check all that apply)*

If Exchange is checked above, please indicate Sender and Receiver property status (i.e. WL #, ITS, Connection Permit, GF, Active):

Sender Status: \_\_\_\_\_ Receiver Status: \_\_\_\_\_

Owner(s) acknowledge(s) the SENDER Parcel will be RETIRED pursuant to CCSD Municipal Code 8.04.100 **OR** an ALTERNATE Parcel will be RETIRED-IN-LIEU of Sender Parcel or DONATED to CCSD. Please complete the information below if an ALTERNATE Parcel will be retired or donated to CCSD.

Alternate APN: [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] Parcel is to be Retired-In-Lieu: Yes  No

Alternate Street: \_\_\_\_\_ Parcel is to be Donated to CCSD: Yes  No

**SENDER PARCEL OWNER(S):**

*(Note: use as many application forms as needed to include all owners)*

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**RECEIVER PARCEL OWNER(S):**

*(Note: use as many application forms as needed to include all owners)*

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**ALTERNATE PARCEL OWNER(S):**

*(Note: use as many application forms as needed to include all owners)*

<b>Name:</b> _____	<b>Name:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
_____	_____
<b>Phone:</b> _____	<b>Phone:</b> _____
<b>Email:</b> _____	<b>Email:</b> _____
Signed: _____	Signed: _____
Date _____	Date: _____

**TITLE COMPANY INFORMATION:**

<b>Title CO:</b> _____	<b>Contact:</b> _____
<b>Address:</b> _____	<b>Phone:</b> _____
_____	<b>Email:</b> _____
_____	_____

**Required Documents Included with Application:**

\$750 deposit to process Transfer, make check payable to CCSD

<u>SENDER</u>	<u>RECEIVER</u>	<u>ALTERNATE (if applicable)</u>
<input type="checkbox"/> Preliminary Title Report	<input type="checkbox"/> Preliminary Title Report <i>(dated within 60 days of application)</i>	<input type="checkbox"/> Preliminary Title Report <i>(dated within 60 days of application)</i>
	<input type="checkbox"/> Proof of Lot Merger <i>(if parcel is comprised of more than one legal lot)</i>	<input type="checkbox"/> Proof of Lot Merger <i>(if parcel is comprised of more than one legal lot)</i>

**FOR DISTRICT USE ONLY**

Date Received:

Deposit Paid      Check # \_\_\_\_\_ SERWB

Transfer Approved:    Yes       No

If Denied, provide reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_