



**SOUTH CENTRAL CALHOUN COUNTY WATER  
CONTROL & IMPROVEMENT DISTRICT NO. 1**  
P O Box 833 361-552-0160  
1 Wedig St. scccwcid1ta@yahoo.com  
Port Lavaca, TX 77979 scccwcid1.com

## REQUEST FOR TRANSFER OF SANITARY SEWER SERVICE

Address of property where sewer is installed: \_\_\_\_\_

\_\_\_\_\_  
(Name of Prior Owner)

\_\_\_\_\_  
(Block No.)

\_\_\_\_\_  
(Lot No.)

\_\_\_\_\_  
(CAD Property #)

\_\_\_\_\_  
(Name of Requestor/New Owner)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Email address)

\_\_\_\_\_  
(Mailing address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State, Zip code)

Date of Transfer: \_\_\_\_\_

**Transfer Fee: \$50.00**

**Sewer Service Rates and Fee:** Your monthly sewer rate will be invoiced at the Current Monthly Rate (contact the WCID#1 office for current rates) which is due by the 20<sup>th</sup> of each month. After that date, a late charge will be applied.

**\*Should any additional connections, such as a RV, cabin, out buildings, etc. be added to your original service, a fee(s) for each additional connection will be added to your invoice at ½ the price of the Current Monthly Rate.**

\_\_\_\_\_  
WCID#1 USE ONLY: