



# Environmental Health Division

## TRANSFER OF OWNERSHIP STATE SMALL WATER SYSTEM



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Fort Bragg Office: 120 W Fir Street  
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Please fill out the form completely and return with the **\$109** 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: