



208 Kimberly Dr | Cleburne, TX 76031 | Ph: 817-556-2299 | Fax: 817-556-2305 | www.prairielandsgcd.org

## TRANSFER of OWNERSHIP- Exempt Well Registration

**Instructions:** This application is used to transfer ownership of a registered well. Complete one form for each well to be transferred. Please print or type. By signing this application, the new owner agrees to all requirements under District Rule 3.14. Additional information or explanations may be attached. Transfer of Well Ownership Fee of \$100 per District Rule 7.14 must be included prior to approval from the District. **This form must be submitted to PGCD within 90 days after the date of transfer of ownership.**

Date of Transfer: \_\_\_\_\_ Well Registration #: \_\_\_\_\_

Current Meter Reading: \_\_\_\_\_ Date Read: \_\_\_\_\_

**SECTION 1 – Current Owner (transferor) Information** Exempt/Non-Exempt: \_\_\_\_\_

Current Owner (transferor): \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorized Representative:

\_\_\_\_\_  
Print Name Signature Date

**SECTION 2 – New Owner (transferee) Information**

New Owner (transferee): \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Authorized Representative:

\_\_\_\_\_  
Print Name Signature Date

Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_ QB Received: \_\_\_\_\_

Payment Made By: \_\_\_\_\_

Status:  Approved  Approved with Conditions  Denied

General Manager: \_\_\_\_\_ Date: \_\_\_\_\_