



CHANGE OF WELL OWNERSHIP

State Well Number: _____ Date of Ownership Change: _____

Assessor's Parcel Number: _____

Property Seller Name: _____

Property Buyer (new Owner)

Name: _____

Physical Street Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Provide photo(s) of the meter showing the face and serial number

_____	_____
Printed Name (New Owner)	Date

Signature	

If you need assistance completing this form, please contact OBGMA at 805.640.1207 or email obgma@aol.com.

Please be aware OBGMA requires all wells to be metered and all well owners must report quarterly well extractions and pay applicable Wellhead Fee, Recordation Fee, and Extraction Charges.

Office Address:
Mailing Address:

417 Bryant Circle Drive, Suite 112, Ojai CA 93023
P.O. Box 1779, Ojai CA 93024
www.obgma.com

805.640.1207
obgma@aol.com