

## El Paso County Road Impact Fee Program Credit Transfer Request

Please fill out this form completely to transfer credits to another person or entity. Send the completed form or questions to [RoadFee@elpasoco.com](mailto:RoadFee@elpasoco.com).

Owner of Credits (please print):	
Authorized Representative:	
Address:	
Contact Phone Number / Email:	
Amount of Credits Currently Held:	
Amount of Credits Subject to Transfer:	
Transfer to:	
Authorized Representative:	
Address:	
Contact Phone Number / Email:	
Signature of Owner/Authorized Representative:	
Date:	
Signature of Transferee:	
Date:	

\*\*\*FOR COUNTY USE ONLY\*\*\*

Reviewed by:	
Date:	
Approved by Impact Fee Administrator	
Date:	

