

Myrtle Springs Water Supply Corporation

MEMBERSHIP LIQUIDATION

NAME: _____ METER #: _____

SERVICE ADDRESS: _____ ACCT#: _____ LOC#: _____

_____ PHONE #: _____

FORWARDING ADDRESS: _____

FINAL READING DATE (must be a MSWSC business day): _____

PRIOR TO LIQUIDATION, the transferee/buyer should complete the Membership Application/Agreement and all necessary forms, as well as pay the membership fee to prevent service interruption.

I am liquidating my membership because:

{ } I have sold the property. I understand that I am responsible for the final bill and that my membership fee will be applied to any outstanding balance. Any balance remaining will be my responsibility; or, any membership monies remaining will be refunded to me.

Name of Buyer _____

Name/Phone Number of Realtor _____

Title Company _____ Closing Date _____

{ } I no longer require the services of Myrtle Springs Water Supply Corporation. I understand I am responsible for the final bill and that my membership fee will be applied to any outstanding balance. Any remaining balance will be my responsibility; or, any membership monies will be refunded to me.

{ } I am transferring my property to _____, whose relationship to me is _____. I understand that since I will no longer be the property owner, I may not retain membership of this account and therefore, I am transferring the membership along with the property. My relative will not be responsible for paying any membership fees, however a Customer Service Inspection must be performed. I understand that I am responsible for my final bill, which must be paid in full prior to the transfer of membership.

{ } I am transferring my property to _____, whose relationship to me is _____. I understand that since I will no longer be the property owner, I may not retain membership of this account, however, I wish for the membership fee to be refunded to me and the new member pay the current membership fee. I understand that I am responsible for my final bill and that my membership fee will be applied to any outstanding balance. Any balance remaining will be my responsibility; or, any membership monies remaining will be refunded to me.

{ } INVOLUNTARY LIQUIDATION, effective _____

Cause: _____

Signature _____ Date _____

BACKOFFICE USE ONLY

DATE

COMPLETED BY

Date form was received

Final Reading _____

Sent to Accounting for finalizing membership. Attach copy of the CBSW audit dated back to the last zero balance, recording the Amount of the membership

Entered into Quickbooks.

Voluntary _____ or Involuntary _____

Water Bill due _____

Amount of Refund _____ Ck No _____