

PRITCHETT WATER SUPPLY

3670 ST HWY 155 SOUTH

GILMER, TX 75645-8063

Office (903) 734-5438

Fax (903) 734-4497

Hours: 7:30am-4pm Mon.-Fri.

Water service rights granted by Membership and other qualifications hereby cease contingent upon further qualification of the Transferee in accordance with the policies of the Tariff of Pritchett Water Supply Corporation.

By execution hereof, the undersigned hereby acknowledges that the Membership Transfer complies with the terms of one of the following items (1) through (4), thereby qualifying for transfer of Membership in accordance with the laws of the State of Texas.

1. The Membership is transferred by will to a person related to the Transferor within the second degree by consanguinity; or
2. The Membership is transferred without compensation to a person related to the Transferor within the second degree by consanguinity; or
3. The Membership is transferred without compensation or by sale to the Corporation; or
4. The Membership is transferred as a part of the conveyance of real estate from which Membership arose.

Transferee understands that qualification for Membership is not binding on the Corporation and does not qualify Members for continued water service unless the following terms and conditions are met:

1. This Membership Transfer Authorization Form is completed by the Transferor and Transferee;
2. All indebtedness due the Corporation has been paid;
3. The Transferee demonstrates satisfactory evidence of ownership of the property designated to receive service and from which the Membership originally arose; and a Membership Application has been completed, signed and submitted to the Corporation. **If the application packet and other information is not completed within 10 days of the transfer/possession of property at closing, service shall/will be disconnected on the day following the 10th day according to disconnection with notice requirements as listed in the Tariff.**
4. Any other terms and conditions of the Corporation's Tariff are properly met.

TRANSFEROR:

TRANSFEEE:

Name

Name

Forwarding Address

Mailing Address

City/State/Zip

City, State, Zip

Phone Number

Phone Number

Signature of Transferor

Signature of Transferee

DATE _____

DATE _____

TRANSFER FEE: \$100.00

OFFICE USE:

ACCOUNT NUMBER: _____ **LOCATION:** _____ **CLOSING DATE:** _____

FINAL READ DATE: _____ **FINAL READ:** _____