

M.E.N. WATER SUPPLY
P.O. BOX 3019
CORSIANA TX 75151-3019
903 874-4331

DATE: _____ 20____

NAME: _____ ACCOUNT # _____ Telephone _____

_____ CITY _____ STATE _____ ZIP _____

(Address to send refund to)

As per your request to terminate your membership in MEN Water Supply Corporation, we ask that you complete the REQUEST FOR SERVICE DISCONTINUANCE form below and return it to us at the above address in order that any membership refunds due to you may be made. As this membership represents Real Property, it must be signed by all who might have a claim to ownership or be accompanied by the appropriate completed transfer form.

REQUEST FOR SERVICE DISCONTINUANCE

I (We) _____, hereby request that my (our) water meter, SN _____, Account # _____ located at _____ be disconnected from MEN Water Supply Corporation, EFFECTIVE _____ (Date) and that any portion of my membership fee due me be returned. As evidenced by my (our) signature(s) below, affixed on the date as indicated, I (we) hereby understand and agree to the following conditions under which this membership is terminated:

1. I agree to pay all current, final billing fees, and arrears charges accrued to my membership as provided for in a current copy of MEN WSC Tariff and Operations policy. Final bill will be taken from membership unless paid by due date (providing sufficient amount is available).
2. I understand, that if in the future, I should desire water service at this property, I will be required to purchase a new membership, pay remaining amount of any presently unpaid bill, and pay the MEN WSC for necessary labor and materials to restore water service to my property plus all other fees required of new members at time of re-application. Furthermore, I understand that future ability to deliver service will be dependent upon system capacity, which I understand may be limited and may require capital improvements necessary to deliver adequate service. I also understand that all or a portion of these improvements will be at my cost.
3. I understand that by surrendering my membership to the MEN WSC, my water service will be discontinued, and my obligation to pay for water service shall terminate except for the terms of my Service Agreement and any current or arrears charges accrued to this membership.
4. I understand that MEN WSC may assess a monthly reserved service fee to assure service will be available to this property for up to the amount of MEN WSC's SIF fee. It will be the future applicant's responsibility to pay this service fee.
5. If not previously provided at time of application, proof of property ownership is required for refund. This can be obtained from the Navarro County Clerk or from your Warranty Deed, as stamped thereon. If not received from you in thirty days, MEN WSC will research this information and the research fee will be deducted from membership refund.

Proof of ownership Information
____ Not needed - provided on Application
____ Required

Clerk No. _____ or
Book/Vol. _____
Page No. _____

Signature of Member (s) (ALL MUST BE NOTARIZED)

NOTARY FORM

THE STATE OF TEXAS
COUNTY OF _____

BEFORE ME, the undersigned, a notary Public in and for said County and State on this day personally appeared _____, known to me to be person(s) whose name(s) is subscribed to the foregoing instrument and acknowledged to me that he or she executed the same for the purposes and consideration therein expressed.
GIVEN UNDER MY HAND AND SEAL OF OFFICE this the _____ day of _____ 20____.

Notary Public in and for _____ County, Texas

My Commission expires: _____
(Additional Notary Forms may be copied on back or attached as needed.)

Approved at MEN Board of Directors Meeting Date _____

REFUND \$ _____ CK # _____ DATE _____ MENREFD4(2008)