

WEST HARRISON WATER SUPPLY CORPORATION

P.O. Box 1027 5975 Nooday Road
Hallsville, TX 75650
(903) 668-2450 office
(903) 668-3341 fax

MEMBERSHIP TRANSFER AUTHORIZATION

Transferor hereby surrenders Membership in the West Harrison WSC by execution of the attached Stock Certificate. Water service rights granted by membership and other qualification hereby cease contingent upon further qualification of the Transferee in accordance with the policies of the West Harrison WSC.

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 the Membership arose.

Transferee understands that qualification for Membership is not binding on the Corporation and does not qualify Member 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) The Transferee has completed the required Application Packet;
- (3) All indebtedness due the Corporation has been paid;
- (4) The Membership Certificate has been surrendered, properly endorsed, by the record Transferor;
- (5) The Transferee demonstrates satisfactory evidence of ownership of the property designated to receive service and from which the Membership originally arose; and
- (6) Any other terms and conditions of the Corporation's Tariff are properly met.

Signature of Transferor

Signature of Transferee

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FINAL READING REQUEST FORM

(If mailed, return to office)

I/we, _____ are requesting a final reading and discontinuation of service on Account # _____ located at service address

_____ which I/we are selling. Closing date is set for _____ and the final reading should be taken on _____ (cannot be on a Friday). I understand that at the time the final reading is taken, water service will be discontinued.

Member Signature

Date

Final Billing Address: _____

- *Note: If closing date changes, it is your responsibility to notify our office by written note, fax or in person.*
- *Final readings/discontinuation of service will not be done on Friday. If closing is scheduled for a Friday, the final reading will be taken on Thursday or the following Monday/Business Day.*
- *If Monday is agreed upon, it is understood that water usage could occur over the weekend.*