MOUNTAIN SPRINGS WATER SUPPLY CORPORATION



P.O. BOX 219 • 7131 E. FM 922 • VALLEY VIEW, TEXAS 76272 940-637-2219 • fax 940-637-2531

MEMBERSHIP TRANSFER AUTHORIZATION

Transferor hereby surrenders Membership in the Mountain Springs WSC Stock Certificate. 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 Mountain Springs WSC.

By execution hereof, the undersigned hereby acknowledges that the Membership Transfer complies with the terms of the following items (1) through (4), hereby 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 qualifications 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 Service Application and Agreement;
- (3) All indebtedness due the Corporation has been paid;
- (4) The Transferee demonstrated satisfactory evidence of ownership of the property designated to receive service and from which the Membership originally arose; and
- (5) Any other terms and conditions of the Corporation's Tariff are properly met.

NOTE: A fee of <u>\$35.00</u> is charged to the Transferee.

Account Number	Final Reading	Reading Date
Location of Meter		
Print Transferor's Name (Seller)	Print Transf	eree's Name (Buyer)
Signature of Transferor	Signature of	f Transferee
Forwarding Address	Mailing Add	dress
City, State, Zip Code	City, State,	Zip Code
Telephone Number	Telephone 1	Number