



MEMBERSHIP TRANSFER AUTHORIZATION

Property Owner/Transferor hereby surrenders Membership in the Goliad County WSC by execution of the following document. 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 Goliad County WSC Tariff.

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 Certification 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

MEMBERSHIP TRANSFER AUTHORIZATION (CONTINUED)_____
Transferor's Name_____
Transferee's Name_____
Forwarding Address_____
Current Address_____
City, State, Zip Code_____
City, State, Zip Code_____
Phone_____
Phone

Account Number _____

Final Reading _____

Reading Date _____

Location of Meter _____

Note: A fee of \$25.00 is charged to the Transferor on all transfers.

Transferor may be due a refund of the Membership Fee, and Transferee understands that he/she must place on deposit a refundable Membership Fee with the Corporation.

ACKNOWLEDGEMENT

The State of Texas
County of Goliad

IN WITNESS WHEREOF the said Transferor and Transferee have executed this instrument this ____ day of _____, 20____.

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this day personally appeared _____
known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledge to me that they executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS ____ day of _____, 20____.

(SEAL)

Notary Public in and for

Goliad County, Texas

Commission Expires _____



ALTERNATE BILLING AGREEMENTS FOR RENTAL ACCOUNTS

NAME: _____ LOCATION: _____

ADDRESS: _____ HOME PHONE #: _____

EMAIL ADDRESS: _____ CELL PHONE #: _____

I hereby authorize Goliad County Water Supply Corporation to send all my billings on my account to the person(s) and address below until further written notice:

I understand that under this agreement that I will be given notice by the Corporation of all delinquencies on this account prior to disconnection of service.

I understand that if I request that my membership be cancelled at this location, thereby discontinuing service to an occupied rental property, that the Corporation will provide the above listed person written notice of disconnection five (5) days prior to the scheduled disconnection date.

I also understand that I am responsible to see that this account balance is kept current, as is any other account in the Corporation. This account shall not be reinstated until all debt on the account has been retired.

Signature: _____ DATE: _____



REQUEST FOR SERVICE DISCONTINUANCE

I, _____, hereby request that my water meter, serial number: _____ and account number: _____ be disconnected from Goliad County WSC service and that my membership fee be refunded to me. I understand that if I should ever wish to have my service reinstated I may have to reapply for service as a new member and I may have to pay all costs as indicated in a current copy of the WSC Tariff. Future ability to provide service will be dependent upon system capacity, which I understand may be limited and may require capital improvements to deliver adequate service. I further represent to the Corporation that my spouse joins me in this request and I am authorized to execute this Request for Service Discontinuance on behalf of my spouse.

Member Signature

Date of Signature

NOTE: Charges for service will terminate when this signed statement is received by the Goliad County WSC Billing Department. A \$____.00 fee will be assessed for the processing of this transaction and deducted from the membership fee in addition to final charges.

Forwarding Address Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____