

Combine Water Supply Corporation

P.O. Box 160 * 4100 FM 1389 South

Seagoville, Texas 75159

Phone (972)476-9032 * Fax (972)474-6767

Date: _____

I, _____, hereby transfer my membership

at Combine Water Supply Corporation at _____

to _____. I agree to pay any outstanding

bill incurred prior to this transfer date. My forwarding address for the final bill is

_____.

Transferor Signature