

SHARYLAND WATER SUPPLY CORPORATION  
MEMBERSHIP CANCELLATION REQUEST

I, the undersigned, request that my membership in the Sharyland Water Supply Corporation be cancelled effective, \_\_\_\_\_.

I acknowledge that by cancelling this membership water service will be terminated and my obligation to continue to pay monthly charges for this membership shall cease.

I further acknowledge that acceptance of this request by the Corporation (in accordance with Section D, paragraph 8, of the tariff) and cancellation of this membership does not relieve me of the obligation to pay all amounts incurred on the account prior to submission of this request.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_.

STATE OF TEXAS

COUNTY OF HIDALGO

BEFORE ME, the undersigned, a Notary Public in and for The State of Texas, on this day personally appeared \_\_\_\_\_, and proved to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me to be the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
State of Texas

OFFICE USE ONLY

Member Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Location: \_\_\_\_\_ Member No.: \_\_\_\_\_

Amount Paid:\$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Account Balance:\$ \_\_\_\_\_

Meter No.: \_\_\_\_\_ Date Locked: \_\_\_\_\_

Work Order Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_