

# ***VIOLET WATER SUPPLY CORPORATION***

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*P.O. BOX 1146, ROBSTOWN, TX 78380  
OFFICE-361/387/3350, FAX-361/387/5248  
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Website: [Violetwsc.com](http://Violetwsc.com)*

## **VIOLET WATER SUPPLY CORPORATION MEMBERSHIP TRANSFER AUTHORIZATION**

Transferor hereby surrenders Membership in the Violet 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 Violet 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 Certification has been surrendered, properly endorsed, by the record Transferor;
- (5) The Transferee to receive service and demonstrates satisfactory evidence of ownership of the property designated from which the Membership originally arose; and
- (6) Any other terms and conditions of the Corporation's Tariff are properly met.

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Signature of Transferor

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Signature of Transferee

**MEMBERSHIP TRANSFER AUTHORIZATION (CONTINUED)**

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Transferor's Name

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Transferee's Name

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Forwarding Address

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Current Address

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City, State, Zip Code

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City, State, Zip Code

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Phone

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Phone

Service Termination Date: \_\_\_\_\_

Service Start Date: \_\_\_\_\_

Account Number \_\_\_\_\_

Final Reading \_\_\_\_\_

Reading Date \_\_\_\_\_

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.