

1395 East Shore Drive Martinsville, IN 46151 8:00 - 4:30 Weekdays

www.MCRW.org • 765-342-7370 • 765-342-5141 Fax

TRANSFER OF MEMBERSHIP FORM

Date:		
Name(s) on account:		
I request that, on the	ne above date, the membership and connection with Mor	gan County
Rural Water Corpo	ration, for the address indicated below, be transferred to:	
Name:		
Account #:		
Address:		
	<u>Signature</u>	

(Please provide a copy of your driver's license when submitting this form)