



**1395 East Shore Drive
P.O. Box 1575
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 above date, the membership and connection with Morgan County Rural Water Corporation, for the address indicated below, be transferred to:

Name: _____

Account #: _____

Address: _____

Signature

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