

## 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)*