

CONCAN WATER SUPPLY CORPORATION
P.O. BOX 185
CONCAN, TX 78838
(830) 232-6761
FAX (830) 232-6654

ACCOUNT # _____

**CONCAN WATER SUPPLY CORPORATION
APPLICATION FOR MEMBERSHIP
AND
CONDITIONS OF SERVICE AGREEMENT
ATTACHEMENT I**

Dear New Member:

Please supply the following information to (1) ensure that your monthly bill and other information from CWSC is mailed to the proper address (please provide your personal address – not a third party address) and (2) ensure that CWSC is able to contact you in the event of an emergency affecting your property.

Member's Name:

Member's Mailing Address:

(The address to which the

Member wishes mailings

From CWSC to be addressed)

Member's Home or Evening

Telephone #

Member's Work or Daytime

Telephone #

Spouse's Home or Evening

Telephone #

Spouse's Work or Daytime

Telephone #

Concan Telephone #

The execution of this application by the Applicant(s) and the acceptance of this Application by CWSC shall constitute an agreement between the Applicant(s) and CWSC, and shall continue in force thereafter until canceled by at least one month's written notice given by either party to the other or, in the case of the Applicant's non-payment of bill, in accordance with CWSC's current Tariff.

Applicant's Signature(s)

Mr./Ms. _____ SS# _____ DL# _____

Co-Owner(s) _____ SS# _____ DL# _____

(Note: Attach supplemental signature sheet if more than one co-owner)

Accepted for CWSC by: _____ Date of Acceptance: _____

Revised: June 10, 1996