

RETURN TO:

TILLMAN COUNTY RURAL WATER DISTRICT #1

PO BOX 160
CHATTANOOGA, OKLA. 73528
PHONE (580) 597-3097

204 3RD STREET
CHATTANOOGA, OKLA. 73528
FAX (580) 597-3098
EMAIL: tcrwd@pdi.net

TRANSFER OF MEMBERSHIP CERTIFICATE

I, _____ for good and valuable consideration,
receipt of which is hereby acknowledged, do hereby assign, transfer, and set over
Membership Certificate, to _____
on this _____ day of _____, 20____.

TRANSFEROR

ACCEPTANCE BY TRANSFEREE

I, _____, as Transferee of the
above numbered Certificate of Membership, do hereby accept the same, and agree to be
bound by all rules, regulations, articles, and By-Laws of the Tillman County Rural Water
District #1, and of any governments, organizations or agencies regulating said District, or
to which District is bound, by law, contract or otherwise.

Transferee Information

TRANSFEREE

Name:
Address:
Phone#:

(OFFICE USE ONLY)

APPROVAL AND ACCEPTANCE OR MEMBERSHIP CERTIFICATE TRANSFER

The Board of Directors of the Tillman County Rural Water District #1, hereby approves and
accepts the transfer of the above referenced Membership Certificate at its regular monthly
meeting on the ____ day of _____, 20____, and hereby directs the
Secretary to enter said transfer on the records of this Water District.

TILLMAN COUNTY RURAL WATER DISTRICT #1

BY: _____
Chairman of the Board

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TILLMAN COUNTY RURAL WATER DISTRICT #1

PO BOX 160
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TRANSFER OF BENEFIT UNIT (METER) CERTIFICATE

I, _____ for good and valuable consideration,
receipt of which is hereby acknowledged, do hereby assign, transfer, and set over
Benefit Unit (Meter) Certificate Number _____ to _____
on this _____ day of _____

TRANSFEROR

ACCEPTANCE BY TRANSFEREE

I, _____, as Transferee of the
above numbered Certificate of Benefit Unit (Meter) do hereby accept the same, and agree
to be bound by all rules, regulations, articles, and By-Laws of the Tillman County Rural
Water District #1, and of any governments, organizations or agencies regulating said
District, or to which District is bound, by law, contract or otherwise.

Transferee Information

TRANSFEREE

Name:
Address:
Phone#:

(OFFICE USE ONLY)

APPROVAL AND ACCEPTANCE OR MEMBERSHIP CERTIFICATE TRANSFER

The Board of Directors of the Tillman County Rural Water District #1, hereby approves and
accepts the transfer of the above referenced Benefit Unit (Meter) Certificate at its regular
monthly meeting on the _____ day of _____, 20____, and hereby
directs the Secretary to enter said transfer on the records of this Water District.

TILLMAN COUNTY RURAL WATER DISTRICT #1

BY: _____
Chairman of the Board