

.Delaware County RWSG & SWMD #11
 dba Delaware County Rural Water District #11

Hours 8:00 AM – 5:00 PM Monday-Friday

TRANSFER OF MEMBERSHIP

Account #: _____ Membership #: _____ Meter #: _____

Latest Meter Reading: _____ Effective Date: _____

The undersigned hereby requests transfer of membership for water service with DCRWD #11.

Previous Owner (Required) _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Cell Phone #: _____

Specify Use Of Meter: Residential: _____ Commercial: _____

Please indicate CDIB information. This information is used for future Grants and System Improvements.

Do you have a CDIB Indian Card? Yes: _____ No: _____ If Yes, CDIB #: _____

The undersigned hereby applies to Delaware county RWD #11 for Membership and for water service, and hereby agrees that upon approval hereof, I/we will comply with and be bound by all Rules and Regulations of DCRWD #11 and agree to pay all fees, assessments or other lawful amounts chargeable to the member.

If you have any questions, please contact our office.

 Members Signature Date

FOR OFFICE USE ONLY

Manager Approval		Payment for Benefit Unit		Payment for Other Fees		Amount		Check #	
Warranty Deed		Payment Policy		CDIB		Service Agreement		Utility Easement	
Septic Approval		Approval Date		By					

Account/Tap#		Number Read Seq		Meter Number		Membership #		Installation Date	
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*Delaware County
Rural Water District #11*