NAME:	
ACCT. NO.	
MEMBERSHIP:	
мемве	RSHIP TRANSFER AUTHORIZATION
other qualification hereby cease contingent upon fur By execution hereof, the undersigned hereby acknowlitems:  1. The Membership is transferred by will to the Membership is transferred without consanguinity or  3. The Membership is transferred without consanguinity or  4. The Membership is transferred as part of the Membership is transferred as part of the Membership is transferred as part of the Membership Transferred as part of the Membership Transfer Authorization 1. This Membership Transfer Authorization 2. The Transferee has completed the required 3. All indebtedness due the Corporation has obligation to the Corporation the transferunce demonstrates satisfactory the Membership originally arose.  5. Any other terms and conditions of the Conditions of th	on Form is completed by the Transferor and Transferee, ared Application and Service Agreement.  as been paid. In the event normal collection procedures do not clear transferor's cree agrees to pay any debt left on this account.  by evidence of ownership of the property designated to receive service and from which
Signature of Transferor	Signature of Transferee
Sign to Transfer Membership to LCWSC Refund (if any) after final bill	Sign to transfer Membership to Buyer
FORWARDING ADDRESS:	Closing Date:
	Final Reading:
REQUE	ST FOR SERVICE DISCONTINUANCE
any final charges due LCWSC. I understand that i member and I may have to pay all costs as indicate be dependent upon system capacity, which I und service. I also understand that these improvement	connected from LCWSC service and that my membership fee be refunded to me less if I should ever want my service reinstated I may have to reapply for service as a newed in a then current copy of the LCWSC Tariff. Future ability to provide service will derstand may be limited and may require capital improvements to deliver adequate its will be at my cost. I further represent to the Corporation that my spouse joins me a Request for Service Discontinuance on behalf of my spouse.

NOTE: Charges for service will terminate when this signed (if mailed signature must be notarized) statement is received by the LCWSC office.

Signature