Fort Griffin Special Utility District

1180 C.R. 109

Albany, TX 76430

Phone: 325-762-2575 Fax: 325-762-2460

**Water Service Transfer Authorization**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request Account # \_\_\_\_\_\_\_\_\_\_\_ in Fort Griffin Special Utility District, service location at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, be transferred to:

NAME: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (mailing) (City) (State) (Zip code)

I understand that I may only transfer my account if one of the following conditions is met: **(Circle one)**

1. By will to a person related to the Testator within the second degree by consanguinity; or
2. By transfer without compensation to a person related to the undersigned within the second degree of consanguinity; or
3. By transfer without compensation or by sale to the District; or
4. By transfer as part of the conveyance of real estate from which the account arose.

I choose the following option regarding my deposit fee of $100.00 **(Circle one)**

1. Please return my $100.00 deposit fee upon completion of the transfer.
2. Please transfer my $100.00 deposit fee to the new owner and do not refund it to me.

**I understand that all bills/fees/monies owed by me to Fort Griffin Special Utility District must be paid in full before this transfer can be processed.**

*The undersigned states and represents that this transfer of account conforms and complies with one of the above listed rules relating to the transfer of the account in the FGSUD.*

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (mailing) (City) (State) (Zip code)

THE STATE OF TEXAS §

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ §

 This instrument was acknowledged before me on the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_

By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NOTARY PUBLIC, STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(seasl/stamp)*

My Commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_