

**FORT GRIFFIN SPECIAL UTILITY DISTRICT**

1180 C.R. 109

Albany, TX 76430

Phone: 325-762-2575

Fax: 325-762-2460

**Water Service Transfer Authorization**

**(THIS DOCUMENT MUST BE SIGNED BEFORE A NOTARY)**

I, \_\_\_\_\_ request Account # \_\_\_\_\_ with the Fort Griffin Special Utility District (service location at \_\_\_\_\_), be transferred to:

\_\_\_\_\_ (Name of new owner/resident)

Phone number of new owner/resident (if known): \_\_\_\_\_

I understand that I may only transfer my account if one of the following conditions are met:

**(Select one)**

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

**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. I also understand my original deposit fee, less any balance on account will be returned once account is finalized.**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address to be used to refund deposit (if applicable):

Mailing: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*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 \_\_\_\_\_

THE STATE OF TEXAS §  
COUNTY OF \_\_\_\_\_ §

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

Notary Public State of \_\_\_\_\_

Signature: \_\_\_\_\_ Commission Expires: \_\_\_\_\_ (seal/stamp)

