

**SHARON WATER SUPPLY CORPORATION  
REQUEST FOR SERVICE DISCONTINUANCE & MEMBERSHIP CANCELLATION**

I/Business Name \_\_\_\_\_, hereby request that my water service account number \_\_\_\_\_ located at \_\_\_\_\_, be disconnected from Sharon Water Supply Corporation service and that my membership fee is to be refunded. I understand that if I should ever want my service reinstated I may have to reapply for service as a new member and I may have to pay all costs as indicated in the re-service provisions in the current copy of the Water Supply Corporation Tariff.

Charges for water will terminate when this signed statement is received by the Sharon WSC office. I understand and agree that a fee of \$30.00 will be incurred for the processing of this transaction and will be deducted from the membership fee in addition to final water and service trip charges.

**Residential account**

If applicable, I further represent to the Corporation that my spouse joins me in this request, and I am authorized to execute this Request for Service Discontinuance on behalf of my spouse as a joint owner of the aforementioned property.

**Commercial account**

I further represent to the Corporation that I am the duly authorized representative of \_\_\_\_\_ and have full authority to execute this Request for Service Discontinuance on behalf of said business.

Please mail my refund check or final bill to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

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**MEMBERSHIP TRANSFER**

I hereby authorize Sharon Water Supply Corporation to transfer membership in the Sharon Water Supply Corporation to: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and hereby agree to allow the transferee 10 (ten) business days, beginning upon completion of this form, to complete the Membership Application process. Further, I understand that I am responsible for the payment of water services for the duration of the transfer and agree to have any additional service expenses deducted from the membership fee.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_