

Crescent Heights Water Supply

P.O. Box 375 * Highway 31 West * Athens, Texas 75751 * (903) 677-3946



Date: _____

Membership Refund Request

I, _____ request membership # _____

Located at _____

To be refunded to Me, as the rightful owner of said membership.

I am aware that after thirty days of inactive membership, the tap will be removed and a future service will require the amount of a new tap and membership to be paid at the time of service restoration.

Signed

Mail check to this address:

