

**STEAMBOAT MOUNTAIN WATER SUPPLY CORP.**

*P.O. Box 367 426 Graham*

*Tuscola, Texas 79562*

*Phone #325-554-7454 Fax #325-554-9112*

*Office Hours: Monday – Friday 8:30am to 5:00pm*

**Membership Refund Request**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Member(s) Name

\_\_\_\_\_  
Meter Serial #

I, the above mentioned member of Steamboat Mountain Water Supply Corporation, do hereby request my membership be cancelled and my deposit be returned to me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member(s) Signature

\_\_\_\_\_  
Forwarding Address