

**SAVOY-SWORDS WATER SYSTEM, INC.**  
**5488 HWY 190**  
**EUNICE, LA 70535-9707**  
**(337) 546-6812**

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

It is no longer my desire to be a member of the Savoy-Swords Water System.

I understand the following:

- (1) There are no refunds, and I forfeit the \$50.00 membership fee.
- (2) All bills due to Savoy-Swords Water System are valid and must be paid.
- (3) I understand that should I desire to receive service in the future,  
all fees and installation costs will be payable in advance of service.
- (4) I further understand that all granted easements will remain in effect  
even though I forfeit my membership so that other members may  
continue to be serviced.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

ACCOUNT # \_\_\_\_\_

RT \_\_\_\_\_ SEQ \_\_\_\_\_

NAME & ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_