

**CRAFT-TURNEY WATER SUPPLY CORPORATION**

**Address: 505 SE Loop 456**

**City: Jacksonville, TX Zip: 75766**

**Phone: 903-586-9301 Fax: 903-586-2389**

**MEMBER / APPLICANT Emergency/Repair Request Agreement**

**Member / Applicant:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Account Number(s):** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E Mail:** \_\_\_\_\_

I, the member / applicant, requests that the Corporation notify the person(s) listed below, **or** turn off meter service **IF I AM NOT AVAILABLE.**

**In case of emergency contact:**

**A.** Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

FAX: \_\_\_\_\_ E MAIL \_\_\_\_\_

**B.** Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

FAX: \_\_\_\_\_ E MAIL \_\_\_\_\_

**C.** Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

FAX: \_\_\_\_\_ E MAIL \_\_\_\_\_

**YES/NO** I hereby authorize the \_\_\_\_\_ WSC personnel to **TURN OFF METER VALVE** in case of a leak or other type of emergency on my property.

**By signing this agreement I also agree to pay the service trip charges or make arrangements to pay these charges** and understand if these charges are not paid with the next monthly utility service bill or other payment arrangements have been made, service will be disconnected in accordance with Section E. 15. 9) of the Corporation's Tariff.

**I also understand and acknowledge that the Corporation is under no obligation or liability to look for any leaks occurring on my property and that the Corporation may not know when or if a leak is on my property.**

Member / Applicant: \_\_\_\_\_

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

Member / Applicant's Designee: \_\_\_\_\_

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

Corporation Witness: \_\_\_\_\_

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