

**GLENWOOD WATER SUPPLY CORP.
6792 FM 726 S.
GILMER, TX.
75645
OFFICE: 903-734-5445/FAX: 903-734-6116**

MEMBER/APPLICANT Emergency Request Agreement

Member / Applicant: _____ Phone: _____

Account Numbers: _____ Fax: _____

E Mail: _____

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

In case of emergency contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

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

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

Member/ Applicant: _____ Date: _____

Member/ Co-Applicant: _____ Date: _____

Corporation Witness: _____ Date: _____