



1300 12<sup>th</sup> Street SE, Suite 128. Watford City, ND 58854 Phone: (701)842-2821 Fax: (701)842-2822

The undersigned person, \_\_\_\_\_ represents and warrants that they legally reside at the membership address identified as Membership Number \_\_\_\_\_, with a service address of \_\_\_\_\_. The undersigned person has requested to be added as a responsible party to pay the rural water bill. The undersigned agrees that they are jointly and severally liable for all outstanding water bills, charges, penalties, fines and fees assessed to this account unless and until all joint members on the account provide written notice of any change in responsible parties. The undersigned person is aware of the Membership Agreement and hereby agrees to be bound by it.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature

As current owner of MCWRD Rural water membership, account #\_\_\_\_\_, I, \_\_\_\_\_, acknowledge the above signed party resides at my address, \_\_\_\_\_.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature