



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

<u>Office use only</u>
Recorded _____
New Acct _____
IDT updt _____
IDT notify _____
GIS notify _____
Scanned _____

**RURAL WATER SYSTEM  
TRANSFER OF MEMBERSHIP**

Account Number: \_\_\_\_\_  
Water Service Location: Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ N Range \_\_\_\_\_ W  
Name on Account: ("Member") \_\_\_\_\_

**Rural Water Service Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**ASSIGNMENT**

The undersigned member of the McKenzie County Rural Water System does hereby assign and transfer unto \_\_\_\_\_

Their membership in the System, subject to full payments of all amounts due for that service.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Previous Owner Telephone #

\_\_\_\_\_  
Previous Owner

\_\_\_\_\_  
Previous Owner

**NEW OWNER ACCEPTANCE**

The undersigned, as assignee, above shown, hereby accepts the above assignment and by these presents does agree to execute and deliver unto said System all necessary documents required by the System to effect such assignment and fulfill his/her membership obligations and responsibilities.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
New Owner

\_\_\_\_\_  
New Owner

**NEW OWNER INFORMATION:**

Name on Account: \_\_\_\_\_

PLEASE PRINT NAME

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Telephone #'s: \_\_\_\_\_

Email address: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ ( To be assigned - Office use only)