

Transfer of Water Benefit Unit

Rural Water District No. 9 LV Co.

P. O. Box 295

Tonganoxie, KS 66086

Phone 913-845-3571

Date:

Buyer Name

Property Address

City/State

Zip Code

Benefit Unit #

Home Phone #

Cell Phone #

Mailing Address for Bills if Different

Street Address:

City, State, Zip:

Employer Name

Work Phone #

Employer Address

Who is employed here?

All bills and notices will be mailed to the above address of record. It is the customer's responsibility to update this information as necessary. Notification must be received in writing and mailed to the district office at the above address. The District will not consider customer failure to receive notices mailed to the address of record as reasonable cause to avoid penalties, suspension of service or forfeiture of meter rights. I/We, the undersigned buyer(s) hereby accept the transfer of the above benefit unit and agree to abide by the Rules and Regulations as set forth by the water district.

_____ Date: _____

_____ Date: _____

For Office Use Only	Date Received:	Received By:	Approved by Board:
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