



Triple Community Water Corporation

"bringing people and water resources harmoniously together"

Established 1965

VERIFICATION OF OWNERSHIP

Date: _____

Name of all owners: _____

Address (Property Location):

City/State/Zip Code: _____

Telephone Number: _____

I certify that the information on this form is true and correct. I understand that my membership fee will be refunded as a credit applied to my account on the next billing cycle.

I am the owner of the property listed above.

Owner Signature

For Office Use:

Account # _____

Date: _____

Membership Amount to refund: \$ _____

Initials: _____