

## TRANSFER OF MEMBERSHIP IN PETE'S MOUNTAIN WATER COMPANY

\_\_\_\_\_ is/are a member (the "Member") in good standing in Pete's Mountain Water Company, an Oregon not-for-profit mutual benefit company (the "Company"). Member is selling or has sold or transferred its interest in the property served by the Company and requests the transfer of Member's interest in the Company to

\_\_\_\_\_ (the "Applicant").

Applicant hereby seeks the transfer of the Member's membership in the Company. In making this application, Applicant understands that continued water service is conditioned upon complying with the Company's Bylaws and Rules and Regulations including the payment of any outstanding fees and assessments. Should Applicant fail to comply, the membership may be cancelled and water service terminated. Applicant further understands that if this request is approved, a \$250 transfer fee is required and must accompany this request. Applicant may confirm the status of Member's account by calling Chris Bang at (503) 598-1011 or via email at [chrisb@taboraccountinggroup.com](mailto:chrisb@taboraccountinggroup.com).

Applicant has reviewed the Articles, Bylaws, Rules and Regulations, and the Current Assessments, Fees and Charges of the Company documents. These documents together with other information about the Company are available for review and use at [www.petesmountainwatercompany.com](http://www.petesmountainwatercompany.com).

Name(s) of current Member: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature 2: \_\_\_\_\_

Name(s) of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature 2: \_\_\_\_\_

Address of the Water Service: \_\_\_\_\_ West Linn, OR 97068

Date of Transfer: \_\_\_\_\_

Billing and mailing address of Applicant if different from service address above:

\_\_\_\_\_  
\_\_\_\_\_

Contact Information for Applicant:

Home Telephone(s): \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Notes:

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*For Company use:*

Transfer Fee Received \_\_\_\_\_

Account current \_\_\_\_\_

Membership Accepted \_\_\_\_\_