

MAYES COUNTY RURAL WATER DISTRICT #9  
P.O. BOX 916  
SALINA, OK 74365

REVOCATION OF MEMBERSHIP

NAME \_\_\_\_\_ TEL.# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

I/WE \_\_\_\_\_, ACCOUNT \_\_\_\_\_

OF RURAL WATER DISTRICT # 9, MAYES COUNTY OKLAHOMA, HEREBY REQUEST THAT THE BOARD OF DIRECTORS TERMINATE MY/OUR MEMBERSHIP EFFECTIVE IMMEDIATELY. I/WE UNDERSTAND THAT ACCORDING TO THE BYLAWS OF RURAL WATER DISTRICT # 9, MAYES COUNTY OKLAHOMA, THAT UPON TERMINATION OF MY/OUR MEMBERSHIP, THAT THERE CANNOT BE ANY REINSTATEMENT OF THIS MEMBERSHIP. IN THE EVENT THAT I/WE DESIRE A NEW MEMBERSHIP WITH RURAL WATER DISTRICT # 9, MAYES COUNTY OKLAHOMA, I/WE WOULD BE REQUIRED TO MAKE A NEW APPLICATION TO THE BOARD OF DIRECTORS AND PAY ANY REQUIRED NEW MEMBERSHIP FEES AT THE THEN CURRENT RATE.

\_\_\_\_\_

OWNERS SIGNATURE(S)

\_\_\_\_\_

DATE

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OWNERS SIGNATURE(S)

\_\_\_\_\_

DATE