



NORTH MORGAN WATER CO-OP

PO Box 1566
Jacksonville, IL 62651

(217) 204-6042

www.nmwatercoop.com

USERS CONTRACT CANCELLATION

MEMBERSHIP # _____

PROPERTY ADDRESS: _____

We understand that you are electing to voluntarily cancel your user's contract from the North Morgan Water Cooperative. Please sign and return this verification in the self-addressed, stamped envelope provided. Your membership will be canceled immediately upon receipt of this confirmation.

CONFIRMATION

I/We wish to cancel this membership effective immediately. I/We understand that this is a voluntary act. I/We understand if we want water at this location in the future, it will cost a \$2250.00 connection fee or the cost of installation at the time.

Date this _____ day of _____, 20_____.

Signature(s) as appear on contract:

X _____

X _____

X _____

(please print name)

X _____

(please print name)