

# EL OSO WATER SUPPLY CORPORATION

**Mailing Address:**

P.O. BOX 309

KARNES CITY, TEXAS 78118-0309

Office: (830) 583-3543

Fax: (830) 583-3550 Email: [elosowsc@elosowater.com](mailto:elosowsc@elosowater.com)

**Physical Address:** 4098 S. Hwy 181, Kenedy, TX 78119

"EL OSO WSC IS AN EQUAL OPPORTUNITY PROVIDER"

## MEMBER/APPLICANT EMERGENCY REQUEST AGREEMENT

Member/Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Account Number(s) \_\_\_\_\_

I, the member/applicant, request that the Corporation notify the person(s) listed below, OR turn off meter service **IF I AM NOT AVAILABLE.**

In case of emergency contact:

A. Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

B. Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

C. Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**YES/NO** I hereby authorize the El Oso WSC personnel to **TURN OFF METER VALVE** in case of a leak or other type of emergency on my property.

I also understand and acknowledge that the Corporation is under no obligation or liability to look for any leaks occurring on my property and that the Corporation may not know when or if a leak is on my property.

Member/Applicant: \_\_\_\_\_ DATE: \_\_\_\_\_

Member/Applicant's Designee: \_\_\_\_\_ DATE: \_\_\_\_\_

Corporation Witness: \_\_\_\_\_ DATE: \_\_\_\_\_