



# EL OSO WATER SUPPLY CORPORATION

4098 South Hwy 181  
Kenedy, TX 78119  
830-583-3543  
Fax: 830-583-3550  
www.elosowater.com

## MEMBER/APPLICANT EMERGENCY REQUEST AGREEMENT

Member/Applicant: \_\_\_\_\_ Account Number(s) \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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:

1. Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Email: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Email: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Email: \_\_\_\_\_

YES or  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: \_\_\_\_\_

*This institution is an equal opportunity provider/Esta institución es un proveedor de servicios con igualdad de oportunidades.*