

**CATARACT LAKE WATER CORPORATION**

P.O. BOX 624

CLOVERDALE, IN 46120

Office: (765) 795-3288 / FAX: (765) 795-3298

**“LOST CERTIFICATE” FORM**

Date: \_\_\_\_\_

Re: Certificate No. \_\_\_\_\_ Account No. \_\_\_\_\_

I, \_\_\_\_\_, confirm that *I have lost/misplaced/or destroyed* the Cataract Lake Water Corporation Certificate as shown above and desire to terminate my membership.

I wish to receive my refund in the amount of \$\_\_\_\_\_, which I understand will be less any outstanding billings.

I understand that completion of this transaction negates any and all claims to membership now or in the future, either by me or any other person known or unknown to me at this time.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Notary: State of Indiana County of: \_\_\_\_\_

Before me, a Notary Public in and for said County and State, personally appeared

\_\_\_\_\_, who acknowledges the execution of the foregoing document, having been duly sworn, stated that any representation therein contained are true.

Witness my hand and Notary Seal this \_\_\_\_ day of \_\_\_\_\_,

My Commission expires: \_\_\_\_\_

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

Printer: \_\_\_\_\_

Resident of: \_\_\_\_\_ county.