

BUCKHORN RURAL WATER DISTRICT NO. 2
MURRAY COUNTY
P. O. BOX 155
SULPHUR, OKLAHOMA 73086
580-622-2593 TDD/TTY 711

APPLICATION FOR WATER SERVICE
AND WATER USERS' AGREEMENT

The undersigned, being the owner or occupier of land located within the above Rural Water District, hereby makes application to said District for one water service(s), and if water service is made available by said District, agrees to the following conditions:

1. Purchase or cause to be purchased one benefit unit for each water service at the unit price of **\$2,000.00**.
2. Pay a minimum meter charge of **\$35.00** per month for 0 gallon of water for each water service from time service is made available by the District, and pay for additional water used at the rate set out in the rate schedule adopted by the Board of Directors. Any changes made in the minimum monthly water charge and rate schedule by the Board of Directors of the District shall become a part of this agreement as though fully set out herein.
3. The Rules and Regulations of the District provide that water users will remit the payment of the month's water bill not later than the 10th day of the month following the month for which the bill is due as set forth in the water rate schedule. Bills not paid on the 10th of the month in which the bill is rendered shall result in discontinuance of the service.
4. The water service supplied by the District shall be for the sole use of the undersigned: the undersigned agrees that he will not extend or permit the extension of pipes for the purpose of transferring water from one property to another, nor will he share, resell or sub-meter water to any other consumer. Each meter service shall supply water to only one residence or business establishment located on land within the District.
5. If after water service is made available the same is discontinued or disconnected for any purpose, pursuant to the By Laws and Rules and Regulations of the District, reconnection shall be upon the conditions set out in the Bylaws and Rules and Regulations of the District.
6. The undersigned agrees that he will make no physical connection between any private water system and the water system of the District. Representatives of the District may at any reasonable time come on the premises where water is being used for the purpose of making inspection to enforce this provision. Violation of this provision shall be grounds for disconnection of service.
7. The Laws of the State of Oklahoma, the By-Laws of the District, and the Rules and Regulations of the District, as presently existing, and as may be amended from time to time, are made a part of this agreement as though fully set out herein.
8. The tract or tracts to which each benefit unit is to be assigned are specifically described as follows:

PROPERTY DESCRIPTION _____

DATE: _____

Approved by DEQ _____

Paid _____

Name _____

Installed _____

Address _____

PHONE # _____

TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES
THAT RECIPIENTS OF FEDERAL ASSISTANCE COMPILE RACE/ETHNIC
INFORMATION ON APPLICATIONS TAKEN WHICH IS UTILIZED BY
THE GOVERNMENT FOR MONITORING PURPOSES

Text to be contained or made part of the application form:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for loan and grant Programs in order to monitor borrower/grantee compliance with civil Rights act of 1965. You are not required to furnish this information, but are encouraged to do so. The law provides that an entity or lender may not discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this entity is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below:

APPLICANT

___ I do not wish to furnish this information.

Race/National Origin:
(Select one or more)

___ American Indian or Alaska Native

___ Asian

___ Native Hawaiian or other Pacific Islander

___ Black or African American

___ Hispanic or Latino

___ White

___ Other

Sex: ___ Female ___ Male

CO-APPLICANT

___ I do not wish to furnish this information

___ American Indian or Alaska Native

___ Asian

___ Native Hawaiian or other Pacific Islander

___ Black or African American

___ Hispanic or Latino

___ White

___ Other

Sex: ___ Female ___ Male

TO BE COMPLETED BY INTERVIEWER:

This application was taken by: ___ face to face interview ___ by telephone ___ by mail

Applicant's name (print or type) _____

Co-Applicant's Name (print or type) _____

Interviewer's Name: _____ BROOKE HANSON _____

Interviewer's Signature: _____

DATE: _____

This Institution is an Equal Opportunity Provider and Employer