

Rural Water District #6
Okmulgee County
 PO Box 340 / 11003 Hectorville Rd
 Mounds OK 74047-0340
 Phone 918-827-6350 – Fax 918-827-3077

NEW CUSTOMER TRANSFER AGREEMENT

The Undersigned hereby agrees to the following conditions:

1. This Benefit Unit Membership entitles the owner thereof to not exceed ONE waterline from the District's water system and such line shall serve only ONE residence OR business establishments, together with the necessary and usual outbuildings. If you add another home or business, you must apply for a second membership. All illegal connections will incur a \$350.00 fee.
2. Customer agrees to assume and be bound by all of the obligations imposed upon the holder of such Membership by the By Laws and Rules and Regulations of Rural Water District #6, Okmulgee County, Oklahoma.
3. The Benefit Unit Membership follows the title of the land unless the owner of the land designates otherwise. All charges levied against the Membership Account must be paid BEFORE the Membership can be transferred to a new owner. This Membership CANNOT be transferred to another location without the approval of the Board of Directors of said Rural Water District.
4. The Water District will cause members meters to be read monthly and mail a bill to member listed on the account around the 1st of each month. Payment of the bill is to be made not later than the 16th day of the month. Bills not paid OR with balances of that equal to the minimum charge will be assessed a late charge after the 16th of the month. If member is not prepared for service and meter cannot be installed, member will be billed the minimum each month. **IF YOU DO NOT RECEIVE YOUR BILL BY THE 10TH OF THE MONTH, CONTACT OUR OFFICE.**
5. Customer further agrees that the water will not be plumbed to any dwelling for household use until an approved final inspection has been made on the sewage system by the Department of Environmental Quality (DEQ) before covering the system.
6. This Benefit Unit Membership shall entitle the owner thereof to one service connection for the following property located in _____ County, Oklahoma, LEGAL DESCRIPTION OF PROPERTY BEING:

7. Representatives of the District or the State and Local Health Department shall have the right at all reasonable hours to enter upon consumer's premises for the purpose of inspection and enforcement of these provisions.

Tap #: _____
 Meter Reading: _____
 Transfer Fee - \$100.00: _____

 Owner (PLEASE PRINT)

Mailing Address: _____

 Owner's Signature Date

Approved: _____
 Rick Boone, District Manager

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 on 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 1964. 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

CO-APPLICANT

_____ I do not wish to furnish this information

_____ I do not wish to furnish this information

Race/National Origin:
(Select one or more)

Race/National Origin
(Select one or more)

_____ American Indian or Alaska Native

_____ American Indian or Alaska Native

_____ Asian

_____ Asian

_____ Native Hawaiian or other Pacific Islander

_____ Native Hawaiian or other Pacific Islander

_____ Black or African American

_____ Black or African American

_____ Hispanic or Latino

_____ Hispanic or Latino

_____ White

_____ White

_____ Other (specify) _____

_____ Other (specify) _____

Sex: _____ Female _____ Male

Sex: _____ Female _____ Male

TO BE COMPLETED BY THE INTERVIEWER:

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

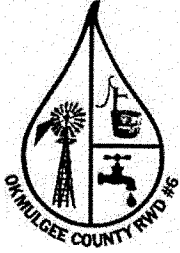
Applicant's Name: (print or type) _____

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

Interviewer's Name: (print or type) _____

Interviewer's Signature: _____

DATE: _____



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PLUMBING INSPECTION CERTIFICATE
SERVICE LINE

Property Owner: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Legal Description of Property: _____

County: _____ 911 Address: _____

NEW CONSTRUCTION

Inspection Completed By: _____
(Licensed Plumber)

Address: _____
Street City State Zip

License #: _____ Phone #: _____ Date of Inspection: _____

Comments: _____

Inspector's / Licensed Plumber's Signature

EXISTING HOME AND / OR PLUMBING

Please mark if existing home and / or plumbing _____

Property Owner's Signature

Plumbing inspection certificate to be completed by:

Property located in Creek County and Okmulgee County:

1. A licensed plumber must make inspection of service and complete Plumbing Inspection Certificate.

Property located in Wagoner County, Jenks City Limits, Bixby City Limits, Glenpool City Limits or Tulsa County (but outside Tulsa City Limits):

1. A copy of the Inspector's Approval and a copy of the Building Permit.
2. Inspector's "Top Out" Approval
3. A licensed plumber make inspection of service line and complete Plumbing Inspection Certificate.



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SELLER TRANSFER FORM

This is to advise that I have sold my property located at:

_____ Property Address

_____ Legal Description

with water tap # _____ to:

New Owner _____

Address _____

City, State, Zip _____

Phone _____

The effective date of this transfer of ownership of this property is _____. If this date is after the 15th of the month, send payment for subsequent month. Meter reading as of the date of transfer is _____. It is understood that this account must be paid current and a \$100.00 transfer fee paid before the transfer can be completed.

Seller's Name (Please Print)

Address

City, State, Zip

Seller's Signature

Phone

Approved _____