

ASSIGNMENT

For value received \_\_\_\_\_  
Hereby sell, assign and transfer unto \_\_\_\_\_ (Print name and address with zip code) the  
membership above with account # \_\_\_\_\_, and do hereby irrevocably constitute and  
appoint the treasurer to transfer the said membership on the books of Comanche County  
Rural Water District # 4 with full power of substitution in the premises.  
Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Witness \_\_\_\_\_ Assignor \_\_\_\_\_

ACCEPTANCE

The assignee named in the above Assignment, hereby accept(s) the assignment of the  
above account \_\_\_\_\_ and agrees to assume and be bound by all obligations imposed upon  
the holder of account \_\_\_\_\_ by the Bylaws, rules and regulations, and the membership  
water users agree of Comanche County Rural Water District # 4. Cache, Oklahoma.

Witness \_\_\_\_\_ Assignee \_\_\_\_\_

Assignee will be responsible for a transfer fee of \$ 100.00. The agreement needs to be  
sent back to CCRWD #4 for transfer to take place. All signature need to be originals, no  
faxed copies accepted. Please mail back to PO Box 800 Cache, OK 73527 or drop off at  
512 ELM in Cache. 580-429-8280. I UNDERSTAND MY MEMBERSHIP ONLY  
SERVES ONE HOUSE AND NO OTHER HOMES OR HOUSES CAN BE  
CONNECTED TO THAT MEMBERSHIP/LINE, OTHERWISE I WILL FORFIET MY  
MEMBERSHIP. (BEFORE TRANFER CAN TAKE PLACE A INSPECTION WILL  
BE DONE OF THE METER CAN,METER,ETC AND IF FOUND DAMAGE SELLER  
WILL HAVE TO PAY TO REPAIR OR REPLACE AT GOING RATE. Please call  
office for post updated price list

Please call final meter reading in before closing so we can get seller a final bill

Lot # \_\_\_\_\_

Block# \_\_\_\_\_

Sign up for water outage alerts- phone # \_\_\_\_\_

# COMANCHE COUNTY RURAL WATER DISTRICT #4

PO BOX 800  
Cache OK 73527  
580-429-8280  
580-429-8233 (fax)

## To all Renters/Owners

1. Bill is due by the 10<sup>th</sup> of each month. Payments can be paid online, bank draft, mail, office at 512 W Elm in Cache (after hours drop box is located west side of building south of drive up window) or All America bank (Cache Branch Only if you have your stub). If bills are not paid by the 20<sup>th</sup> at noon water will be turned off and a disconnect/reconnect fee will be charged. Water Payments have to be paid in full each month.
2. If there is a emergency and it is after hours please contact our emergency service at 1-877-574-7633.
3. Our website is [www.ccrwd4.myruralwater.com](http://www.ccrwd4.myruralwater.com)
4. Please sign up for water outage alerts at our website or fill in information at bottom and we will sign you up. These alerts will let you know if there is a possible outage in your area, mandatory water rationing and any information that we need our customers to know.
5. WE ARE UNDER MANADATORY WATER RATIONING AT THIS TIME.  
No outside watering is allowed, no filling of new pools. If you are found to be watering under water rationing you can be subject to a fine of 750.00 or what the fine is at that time.
6. We ask that you mow around the meter and not over meter any damage to the meter can, meter or meter assembly will be billed to the renter/owner.
7. Please do not put anything into your meter can, during freezing weather you can place a old rug or carpet over the meter.
8. If you feel your bill is high please reread the meter and call the office so we can determine whether meter has been misread or if a possible leak is occurring or if you are watering under water rationing.
9. This form is required to be turned in with the assignment paperwork if not turned in service will be discontinued until paperwork is received by all parties involved with membership.

Owner/Tenant

Date

Address

Account #

Phone number or numbers for water outage alerts

**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**

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 (specify) \_\_\_\_\_

Sex:  Female  Male

**CO-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 (specify) \_\_\_\_\_

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: (print or type) \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_

DATE: \_\_\_\_\_