

COMANCHE COUNTY RURAL WATER DISTRICT # 4  
APPLICATION FOR WATER MEMBERSHIP AND WATER USERS AGREEMENT

The undersigned being the owner of the land located within CCRWD # 4 hereby makes application to said district for water service if water is available by said District. I hereby agree to the following conditions.

1. Purchase or cause to be purchased one (1) membership for each water service at the unit price of \$ \_\_\_\_\_
2. Pay a minimum monthly service charge to be established by the Board of Directors for each water service from the time membership is approved 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 charge 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. Water users will remit the payment of the month's membership and or water bill no later than the 10<sup>th</sup> day of the month in which the bill is sent. Bills not paid by the 20<sup>th</sup> day of the month will result in the meter being locked up or pulled. All charges plus an additional service charge must be paid before the meter is replaced. The penalties and service charge is to establish by the board of directors.
4. The undersigned agrees that he will make no physical connection between any private water systems and the water system of the district. The water service supplies 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 water lines for the purpose of transferring water from one property to another, nor will they share, resale of sub meter water to any other consumer. Each meter service shall supply water to one residence, or business establishment located on the land within the district. Violations of these provisions shall be grounds for termination of membership. If a barn/shop home is built prior to a new home construction a separate water membership will have to be purchased for new home construction. A barn home is considered a single home and will need its own membership..
5. The undersign also agrees that any tampering of the meter will be cause for termination of membership
6. Water service may also be discontinued or disconnected for any purpose, pursuant to the Bylaws and the rules and regulations of the district. Reconnection shall be upon the conditions set out in the Bylaws and rules and regulations of the district.
7. The laws of the State of Oklahoma, the Bylaws 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 part of this agreement as though fully set out herein.
8. Each applicant for water service must give a perpetual easement for the location of the meter and water line crossing his land. The easement granted shall not exceed 20 feet in width along boundary; also meter is required to set by driveway and cannot be fenced in.
9. All applicants are required to put in a shut-off valve near the meter so what can be turned off in case of a leak. The shut-off at the meter is not to be used.

10. Meters will be set where the water district designates. Meters can't be fenced in.  
11. Please designate below if this is for a business or home, If for a business please describe in detail what time off business and amount of water projected you will use each month.

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

PLEASE CIRCLE ONE BUSINESS OR HOME.

If business please describe type of business this is-

Legal description:

COMANCHE COUNTY RURAL WATER DISTRICT #4

I request CCRWD #4 to install my water meter to be used only for  
Construction of home or outside watering.

I understand no trailers homes will be hooked up until I furnish CCRWD with  
An approved copy of the FINAL inspection from DEQ form 640-576A.

I understand that no new home will be hooked up without the above form.

I understand that failure to furnish this form to CCRWD will be cause to pull  
My meter until the form is turned in. This will incur a 100.00 charge to  
my account if this happens.

Members' signature

Date

**COMANCHE COUNTY RURAL WATER DISTRICT # 4**

Besides the cost of the membership there may be additional cost to you.

1. State Health Department
2. Engineer Fee
3. Road Bore
4. Fees for inspections(road bores, ties ins,line extension, etc)
5. Line extension cost
6. Impact Fee **500.00**

You will also need to have a final copy of your approved sewer System

---

Signature / Date

# 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 an emergency and it is after hours please contact our emergency service at 1-877-574-7633.
3. Our website is [www.ccrwd4.mvrruralwater.com](http://www.ccrwd4.mvrruralwater.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: \_\_\_\_\_